


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90029 033 ****70.00

DOCUMENT # 743650				
1. Entity Name SER-JOBS FOR PROGRESS, INC.				
Principal Place of Business 5600 NW 36 STREET #561 MIAMI, FL 33166		Mailing Address P.O. BOX 661597 MIAMI, FL 33266-1597		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1849595
				Applied For Not Applicable
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
CELA, JOSE L 5600 NW 36 STREET #561 MIAMI, FL 33166			Name	
			Street Address (P.O. Box Number is Not Acceptable)	
			City	
			FL	Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>				
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
				Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	C	<input type="checkbox"/> Delete	TITLE	VC
NAME	TERRELONGE, RICHARD		NAME	Daniel Llanos-Montes
STREET ADDRESS	12342 SW 140 ST		STREET ADDRESS	14140 SW 40 Terr
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP	Miami, FL 33173
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	T
NAME	FEDERICO, COSTALES		NAME	Eduardo Godoy
STREET ADDRESS	665 NORTH SHORE DRIVE		STREET ADDRESS	1111 Brickell Ave. #2801
CITY-ST-ZIP	MIAMI BEACH, FL 33141		CITY-ST-ZIP	Miami, FL 33131
TITLE	D	<input type="checkbox"/> Delete	TITLE	S
NAME	ADDERLY, TCT		NAME	Marcelo Beruvides
STREET ADDRESS	18850 NW 14 - RD		STREET ADDRESS	3121 SW 82 Ct
CITY-ST-ZIP	MIAMI GARDENS, FL 33169		CITY-ST-ZIP	Miami, FL 33155
TITLE	D	<input type="checkbox"/> Delete	TITLE	D
NAME	BERUVIDES, MARCELO		NAME	Melvin Chaves
STREET ADDRESS	3121 SW 82 CT		STREET ADDRESS	9700 SW 115 Terr
CITY-ST-ZIP	MIAMI, FL 33155		CITY-ST-ZIP	Miami, FL 33176
TITLE	D	<input type="checkbox"/> Delete	TITLE	D
NAME	POTTS, BARBARA		NAME	Gilbert Colon
STREET ADDRESS	14400 NW 77 CT 205		STREET ADDRESS	100 S. Biscayne Blvd.
CITY-ST-ZIP	HIALEAH, FL 33016		CITY-ST-ZIP	Miami, FL 33131
TITLE	D	<input type="checkbox"/> Delete	TITLE	D
NAME	BUTLER, GALE		NAME	Robert LaCle
STREET ADDRESS	110 SE 6TH ST #2800		STREET ADDRESS	1717 N. Bayshore Drive
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		CITY-ST-ZIP	Miami, FL 33132
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.				
SIGNATURE: <i>Jose L. Cela</i>		Date: <i>1/15/08</i>		Daytime Phone #: <i>305 871 2820</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				

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