


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2004 8:00 am
Secretary of State

05-19-2004 90012 015 ****70.00

DOCUMENT # 750070
 1. Entity Name
 LA PROGRESIVA ALUMNI ASSOCIATION, INC.



Principal Place of Business
 2480 NW 7 ST.
 MIAMI, FL 33125-3135

Mailing Address
~~X 2480 NW 7 ST.~~
~~X MIAMI, FL 33125-3135~~
 P.O. Box 350-1057
 Miami, Fla. 33135

DO NOT WRITE IN THIS SPACE

03062003 No Chg-NP CR2E037 (10/03)

4. FEI Number
 59-2678557 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



6. Name and Address of Current Registered Agent
 PEREZ-PADILLA, MANUEL
 3231 S.W. 16 TERRACE
 MIAMI, FL 33145

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VEGA, LIBERATO J 9531 FONTAINEBLEAU BLVD #505 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COBO-TORANZO, FRANK 590 NW 126TH ST. N. MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOPEZ, MIGDALIA 1410 S. OCEAN DR #302 HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Frank Cobo-Toranzo 5/10/04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Frank Cobo-Toranzo (Treasurer)

(305) 688-2617