


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90370 036 *****00.00

DOCUMENT # 750070 1. Entity Name LA PROGRESIVA ALUMNI ASSOCIATION, INC.					
Principal Place of Business 2480 NW 7 ST. MIAMI, FL 33125-3135			Mailing Address P.O. BOX 350-1057 MIAMI, FL 33135		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01122007 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-2678557				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEREZ-PADILLA, MANUEL 3231 S.W. 16 TERRACE MIAMI, FL 33145			7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	TD COBO-TORANZO, FRANK <input type="checkbox"/> Delete 590 NW 126TH ST. N. MIAMI, FL 33168		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COBO-TORANZO, FRANK <input type="checkbox"/> Change <input type="checkbox"/> Addition 590 N.W. 126th St. No. Miami, Fl. 33168	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LIMA, MIRIAM <input type="checkbox"/> Delete 111 NW 26TH AVE MIAMI, FL 33125		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LIMA, MIRIAM <input type="checkbox"/> Change <input type="checkbox"/> Addition 111 N.W. 26th Ave. Miami, Fl. 33125	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SENTI, NELIA <input checked="" type="checkbox"/> Delete 5821 S.W. 5TH TERR MIAMI, FL 33144		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AYALA, SERGIO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 112 Villabella Drive Islamorada, Fl. 33036	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>Frank Cobo-Toranzo</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/05/07 (305)688-2617 <small>Date Daytime Phone #</small>		
FRANK COBO-TORANZO (TREASURER)					