

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90191 040 ****70.00

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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 # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02122008 Chg-NP CR2E037 (12/06)

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**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **TD** ☐ Delete
NAME **COBO-TORANZO, FRANK**
STREET ADDRESS **590 NW 126TH ST.**
CITY-ST-ZIP **N. MIAMI, FL 33168**

TITLE **SD** ☐ Delete
NAME **LIMA, MIRIAM**
STREET ADDRESS **111 NW 26TH AVE**
CITY-ST-ZIP **MIAMI, FL 33125**

TITLE **PD** ☐ Delete
NAME **AYALA, SERGIO**
STREET ADDRESS **112 VILLABELLA DR.**
CITY-ST-ZIP **ISLAMORADA, FL 33036**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD COBO-TORANZO FRANK** ☐ Change ☐ Addition
NAME **590 N.W. 126th St.**
STREET ADDRESS **No. Miami, Fl. 33168**
CITY-ST-ZIP

TITLE **SD LIMA MIRIAM** ☐ Change ☐ Addition
NAME **111 N.W. 26th Ave.**
STREET ADDRESS **Miami, Fl. 33125**
CITY-ST-ZIP

TITLE **PD AYALA SERGIO** ☐ Change ☐ Addition
NAME **112 Villabella Drive**
STREET ADDRESS **Islamorada Fl. 33036**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Frank Cobo-Toranzo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/08 (305) 688-2617
Date Daytime Phone #

FRANK COBO-TORANZO (TRASURER)