


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90021 033 ***138.75

DOCUMENT # L02000010200 1. Entity Name EL PROGRESO PLAZA, LLC	
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Principal Place of Business 11710 N.W. SOUTH RIVER DRIVE, SUITE 216 MEDLEY, FL 33178	Mailing Address 11710 N.W. SOUTH RIVER DRIVE, SUITE 216 MEDLEY, FL 33178
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50005168



03132008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0677310	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent FERNANDEZ, IRIS M. <i>Arnaldo Fernandez</i> 11710 N.W. SOUTH RIVER DRIVE, SUITE 216 MEDLEY, FL 33178

**DO NOT WRITE
IN THIS SPACE**

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 *Arnaldo Fernandez-Batista* *April 14/2008*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM EL PROGRESO INVESTMENTS, INC 11710 NW SOUTH RIVER DR #216 MIAMI, FL 33178
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**DO NOT WRITE
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Arnaldo Fernandez Batista* *April 14/2008* *305-887-9919*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Arnaldo Fernandez Batista