


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 10, 2005 8:00 am
Secretary of State

06-10-2005 90112 015 ****50.00

DOCUMENT # L04000024208	
1. Entity Name IN PROGRESSO, LLC	

Principal Place of Business 9460 NW 7TH STREET UNIT 126 MIAMI, FL 33172	Mailing Address 11415 SW 133 COURT UNIT # 1 MIAMI, FL 33186
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20060004



2. Principal Place of Business 701 NW 111 CT	3. Mailing Address 701 NW 111 CT.
Suite, Apt. #, etc. Apt 5	Suite, Apt. #, etc. Apt. 5
City & State Miami, FL	City & State Miami, FL
Zip 33172	Country

05252005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0933453	Applied For <input type="checkbox"/> 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 CARHUAYO, ROBERT C 11415 SW 133 COURT UNIT # 1 MIAMI, FL 33186	7. Name and Address of New Registered Agent Name Robert Carhuayo Street Address (P.O. Box Number is Not Acceptable) 9042 SW 142 Ave. Unit 215 City Miami FL Zip Code 33186
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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 Robert Carhuayo R. Carhuayo 06/06/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by September 7, 2005**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARRIDO, GUSTAVO A 9460 NW 7TH STREET # 126 MIAMI, FL 33172 <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
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11. 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 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: Gustavo Garrido 06/06/05 (786) 286-5136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #