
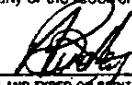


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90283 006 \*\*\*\*50.00

|   |  |                                 |   |   |  |
|---|--|---------------------------------|---|---|--|
| <b>DOCUMENT # L04000061759</b>  |  |                                 |   |  |  |
| 1. Entity Name<br><b>PROGRESSORS ENTERPRISE, LLC</b>  |  |                                 |   |   |  |
| Principal Place of Business<br><b>3980 NW 73RD AVENUE<br/>LAUDERHILL FL 33319</b>   |  |                                 | Mailing Address<br><b>3980 NW 73RD AVENUE<br/>LAUDERHILL FL 33319</b> |   |  |
| 2. Principal Place of Business  |  |                                 | 3. Mailing Address  |   |  |
| Suite, Apt. #, etc.   |  |                                 | Suite, Apt. #, etc.   |   |  |
| City & State  |  |                                 | City & State  |   |  |
| Zip   | Country  | Zip                             | Country   | 4. FEI Number<br><b>20-1540409</b>  |  |
|   |  |                                 |   | Applied For<br>Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>   |  |                                 |   | 1st MOORE CR2E083 (10/04)   |  |
| 6. Name and Address of Current Registered Agent<br><b>RUSSELL, AUDLEY<br/>3980 NW 73RD AVENUE<br/>LAUDERHILL FL 33319</b>   |  |                                 | 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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____  |  |                                 |   |   |  |
| <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>FILE NOW!!! FEE IS \$50.00</b><br/> <b>Make Check Payable to Florida Department of State</b><br/> <b>Due By May 1, 2005</b> </div>  |  |                                 |   |   |  |
| 9. MANAGING MEMBERS/MANAGERS  |  |                                 | 10. ADDITIONS/CHANGES   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>President<br/>Audley Russell<br/>3980 NW 73RD AVE<br/>Lauderhill FL 33319</b> | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| 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:   |  |                                 | Date: <b>4-5-05</b>   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |  |                                 |   |   |  |