2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000477

FILED Mar 29, 2005 Secretary of State

Entity Name: HUMAN PROGRESS FOUNDATION CORP.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
13501 SW	128 ST.				
114 MIAMI, FL	33186				
Current Mailing Address:		New Mailing Addres	New Mailing Address:		
13501 SW	128 ST.				
114 MIAMI, FL	33186				
El Number	: 04-3737346	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:	
The above	DR 33145 US named entity :	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
	e of Florida.				
n the State	RE:	nic Signature of Pegistered Ag	ıont		
SIGNATUI	RE: Electror	nic Signature of Registered Ag		Date	
SIGNATUI	RE:			Date ES TO OFFICERS AND DIRECTOR	
DFFICER: Title: Name: Address:	RE:Electror	TORS:) Delete O H ST., ST.E 114			
DFFICER: Title: Name: Address: City-St-Zip: Title: Name: Address:	Electron S AND DIREC PTD () PARRA, BRUNG 13501 SW 128 MIAMI, FL 331	TORS:) Delete O H ST., ST.E 114 86) Delete ELKIS MIRABAL ST, STE. 114	ADDITIONS/CHANG Title: Name: Address:	ES TO OFFICERS AND DIRECTOR	
SIGNATUI	Electron S AND DIREC PTD () PARRA, BRUNG 13501 SW 128 MIAMI, FL 331 VD () DE PARRA, BE 13501 SW 128 MIAMI, FL 331	TORS:) Delete O H ST., ST.E 114 86) Delete ILKIS MIRABAL ST, STE. 114 86) Delete RO A ST., ST.E 114	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	ES TO OFFICERS AND DIRECTOR () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOMERO PARRA VD 03/29/2005