## **2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## FILED May 10, 2004 8:00 am Secretary of State

05-10-2004 90478 015 \*\*\*\*61.25

## **DOCUMENT # N03000010734**

1. Entity Name

PROGRAI	M, INC.	RESIDENTIAL TR	EAIIVIE	- IN I										
Principal Place 1825 PONCE CORAL GABLE	DE LEON B	ILVD.	1825	Address PONCE DE LEON L GABLES, FL 33		44   14		t (111111211 311) 1			 		(1. <b>638)</b>	(B) (B) (B3)
2. Principal Pl	ace of Busin	ness	3. Mail	ing Address		<u> </u>								
Suite, Apt.	#, etc.		Sui	ite, Apt. #, etc.				5062004	Chg-N			E037 (10/0	03)	
City & State	9		Cit	y & State			4.	. FEI Number	[A0	<u>- 04</u>	192 <u>-</u>	105	+	olied For Applicable
Zip		Country	Zip	) 	Cou	untry		. Certificate o		. ~		<b>\$8.75</b> Fee Red		
	6. Name	and Address of Current	Registere	d Agent			7.	Name and	Address	of New	Registere	d Agent		
MARTINEZ	Z, PEDRO	)				Name								
1825 PONG CORAL GA						Street Addre	ress (P.O.	. Box Numbe	r is Not A	Acceptab	le)			
; 	•					City					F	Zip	Code	)
						_					<del>-</del>			
the obligati SIGNATURE _	ions of regis	y submits this statement fo tered agent.	z	=	Pe	PAYON  ed Agent signature re	nar	tines			51°CVQ	nt	witn, &	6-04
								n remstating)			DAT	E,		
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12. 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 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.

CITY-ST-ZIP

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CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR