2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000086857

Title:

Name:

Address: City-St-Zip: VD

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1194 HILLSBORO MILE, APARTMENT 17

HILLSBORO BEACH, FL 330621518 US

WILSON, HERRICK E

Entity Name: PROGRESSIVE FOODS, INC.

FILED Apr 21, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
1194 HILLSBORO MILE APARTMENT 17 HILLSBORO BEACH, FL 330621518 US				2701 NORTHEAST 2ND AVENUE SUITE 116 BOCA RATON, FL 334316698 US		
Current Mailing Address:				New Mailing Address:		
6550 NOR	TH FEDERAL	SOCIATES, P.A. . HIGHWAY, SUITE 522 L 333081417 US				
FEI Number:	43-1591075	FEI Number Applied For ()	FEI Nur	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
WILSON, HERRICK E 1194 HILLSBORO MILE APARTMENT 17 HILLSBORO BEACH, FL 330621518 US				WILSON, HERRICK E 2701 NORTHEAST 2ND AVENUE SUITE 116 BOCA RATON, FL 334316698 US		
The above in the State	named entity of Florida.	submits this statement for the	purpose c	of changing its register	ed office or registered agent, or both,	
SIGNATURE:				04/21/2008		
Electronic Signature of Registered Agent					Date	
Election Can	npaign Financir	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	ROOS, JUDITI 1167 HILLSBO) Delete I C PRO MILE, APARTMENT 605 EACH, FL 330621617 US		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	WILSON, LINE 1194 HILLSBO) Delete NA A RO MILE, APARTMENT 17 EACH, FL 330621518 US		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: HERRICK E. WILSON V 04/21/2008

() Change () Addition