2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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## **FILED** Mar 07, 2005 08:00 AM DOCUMENT # P00000111141 **Secretary of State** PROGRESO EXPRESS CORP Mailing Address Principal Place of Business 525 NW 73RD AVENUE 525 NW 73RD AVENUE MIAMI FL 33126 MIAMI FL 33126 3. Mailing Address Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State 4. FEI Number City & State 65-1058765 Not Applicable Ζp Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PERDOMA, MIGUEL A Street Address (P.O. Box Number is Not Acceptable) 525 NW 73RD AVENUE MIAMI FL 33126 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 . DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Change ☐ Addition THILE ☐ Delete PERDOMA, MIGUEL A NAME NAME U00000254048 525 NW 73RD AVENUE STREET ADDRESS STREET ADDRESS 03/07/05-80661-003 158.7**5** CITY-ST-ZIP CITY ST-ZIP MIAMI FL 33126 Addition ☐ Change Delete TITLE mu NAME NAME STRLET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY ST-ZIP ☐ Change ☐ Addition Delete TITLE me NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY - ST - ZIP ☐ Addition Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP 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 607, 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.

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