2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000026484

Entity Name: PROGRESSIVE TRAINING CENTERS, INC.

FILED Mar 12, 2003 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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8362 PINES BLVD SUITE 188

PEMBROKE PINES, FL 33024 US

Current Mailing Address: New Mailing Address:

10580 NW 6 STREET
PEMBROKE PINES, FL 33026 US
2103 NOVA VILLAGE DRIVE
DAVIE, FL 33317 US

FEI Number: 65-1085049 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SILVA, YVONNE SILVA, YVONNE SILVA, YVONNE

10580 NW 6TH ST 2103 NOVA VILLAGE DRIVE PEMBROKE PINES, FL 33026 US DAVIE, FL 33317 US

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.

SIGNATURE: 03/12/2003

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete Name: SILVA, YVONNE

Name: SILVA, YVONNE Address: 10580 NW 6TH ST

City-St-Zip: PEMBROKE PINES, FL 33026

Title: VP () Delete Name: SILVA, SERGIO

Address: 10580 NW 6TH ST

City-St-Zip: PEMBROKE PINES, FL 33026

Title: () Delete

Name: Address: City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition

Name: SILVA, YVONNE

Address: 2103 NOVA VILLAGE DRIVE

City-St-Zip: DAVIE, FL 33317

Title: VP (X) Change () Addition

Name: SILVA, SERGIO

Address: 2103 NOVA VILLAGE DRIVE

City-St-Zip: DAVIE, FL 33317

Title: CEO () Change (X) Addition

Name: SHER, VICTOR
Address: 1271 SKY LARKE DRIVE
City-St-Zip: WESTON, FL 33327

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YVONNE SILVA P 03/12/2003