2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P02000017662

1. Entity Name

EL PROGRESO PLAZA, INC.

5002717A

1st MOORE   CR2E034 (10/04)

Principal Place of Business	Mailing Address
11710 NW SOUTH RIVER DRIVE SUITE 216 MEDLEY FL 33178	11710 NW SOUTH RIVER DRIVE SUITE 216 MEDLEY FL 33178

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **04-3619544**   ☐ Applied For   ☐ Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FERNANDEZ, IRIS M 11710 NW SOUTH RIVER DRIVE SUITE 216 MEDLEY FL 33178	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	PD		☐ Delete	TITLE	*Secretary*		☐ Change	☑ Addition
NAME	FERNANDEZ, ARNALDO			NAME				
STREET ADDRESS	11710 NW SOUTH RIVER DRIVE 3216			STREET ADDRESS				
CITY-ST-ZIP	MEDLEY FL 33178			CITY-ST-ZIP				
TITLE	VD		☐ Delete	TITLE	*Treasurer*		☐ Change	☑ Addition
NAME	FERNANDEZ, GLADYS			NAME				
STREET ADDRESS	11710 NW SOUTH RIVER DRIVE 3216			STREET ADDRESS				
CITY-ST-ZIP	MEDLEY FL 33178			CITY-ST-ZIP				
TITLE	D		☐ Delete	TITLE			☐ Change	☐ Addition
NAME	FERNANDEZ, IRIS M			NAME				
STREET ADDRESS	11710 NW SOUTH RIVER DRIVE 3216			STREET ADDRESS				
CITY-ST-ZIP	MEDLEY FL 33178			CITY-ST-ZIP				
TITLE	D		☐ Delete	TITLE			☐ Change	☐ Addition
NAME	GARCIA, ISABEL M			NAME				
STREET ADDRESS	11710 NW SOUTH RIVER DRIVE 3216			STREET ADDRESS				
CITY-ST-ZIP	MEDLEY FL 33178			CITY-ST-ZIP				
TITLE			☐ Delete	TITLE			☐ Change	☐ Addition
NAME				NAME				
STREET ADDRESS				STREET ADDRESS				
CITY-ST-ZIP				CITY-ST-ZIP				
TITLE			☐ Delete	TITLE			☐ Change	☐ Addition
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 all other like empowered.

SIGNATURE: _____   March 3/2005   305-887-9919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #