


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90030 048 ***150.00

DOCUMENT # P02000017662	
1. Entity Name EL PROGRESO PLAZA, INC.	

Principal Place of Business 11710 NW SOUTH RIVER DRIVE SUITE 216 MEDLEY, FL 33178	Mailing Address 11710 NW SOUTH RIVER DRIVE SUITE 216 MEDLEY, FL 33178
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01192006 Chg-P CR2E034 (11/05)

4. FEI Number 04-3619544	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FERNANDEZ, IRIS M 11710 NW SOUTH RIVER DRIVE SUITE 216 MEDLEY, FL 33178

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FERNANDEZ, ARNALDO <input type="checkbox"/> Delete 11710 NW SOUTH RIVER DRIVE 3216 MEDLEY, FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FERNANDEZ, GLADYS <input type="checkbox"/> Delete 11710 NW SOUTH RIVER DRIVE 3216 MEDLEY, FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FERNANDEZ, IRIS M <input type="checkbox"/> Delete 11710 NW SOUTH RIVER DRIVE 3216 MEDLEY, FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GARCIA, ISABEL M <input type="checkbox"/> Delete 11710 NW SOUTH RIVER DRIVE 3216 MEDLEY, FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE - PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE:  **2/9/2006** **305-887-9919**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #