

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90160 028 \*\*\*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



03132008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

FERNANDEZ, IRIS M *Arnaldo Fernandez*  
11710 NW SOUTH RIVER DRIVE  
SUITE 216  
MEDLEY, FL 33178

**DO NOT WRITE  
IN THIS SPACE**

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 *Arnaldo Fernandez-Batista* *April 14/2008*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE P  
NAME FERNANDEZ, ARNALDO  
STREET ADDRESS 11710 NW SOUTH RIVER DRIVE *#216*  
CITY-ST-ZIP MEDLEY, FL 33178

TITLE VP  
NAME FERNANDEZ, GLADYS  
STREET ADDRESS 11710 NW SOUTH RIVER DRIVE *#216*  
CITY-ST-ZIP MEDLEY, FL 33178

TITLE ~~P~~  
NAME ~~FERNANDEZ, IRIS M~~  
STREET ADDRESS ~~11710 NW SOUTH RIVER DRIVE~~ *#216*  
CITY-ST-ZIP ~~MEDLEY, FL 33178~~

TITLE D  
NAME GARCIA, ISABEL M  
STREET ADDRESS 11710 NW SOUTH RIVER DRIVE *#216*  
CITY-ST-ZIP MEDLEY, FL 33178

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: *Arnaldo Fernandez-Batista*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 14/2008* *305-887-9919*  
Date Daytime Phone #

*Arnaldo Fernandez-Batista*