


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

3/

03-31-2003 90150 002 ***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	Zip	Country



☐ CHECK HERE IF MAKING CHANGES

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** _____

9. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 an address, with all other like empowered.

SIGNATURE: IRIS M. FERNANDEZ **DATE:** 3/25/2003 **DAYTIME PHONE:** 305-887-9919

CR2E034 (10/02)