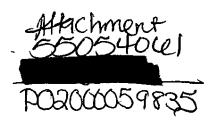
## FILED Aug 13, 2003 8:00 am Secretary of State 07-31-2003 90071 005 \*\*\*150.00

7/3

## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam	MENT# (626000 ROGRESSO MOTOR								
	DO NOT WRITE		ACE				5505	4061	
	lace of Business IE 9th Street #, etc.	3. Malling Address 6 NE 9 4 Suite, Apt. #, etc.	Street			DO NOT WRIT	E IN THIS SPA	DE	
City & State Fort Zip	Lauderdale, FL	Fort Laude	rdale, F	L	4. FEI Number 03-0			Applied For Not Applicable 75 Additional	•
333	DO NOT WE	33304   RITE	Namo Street A	ddress (I)		Idress of Carrient	1-66	ent	
	IN THIS SPA		City	t LA	relot	le	FL	753304	
8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature from the or principle agent and light it applicable. (HOTE: Registered Agent agent when reinstating)  DATE									
	uary 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of S	tato				tion Campaign Fins t Fund Contribution		\$5.00 May Be Added to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. HOWLAND, PHILIP 16 NE 9th STREET FORT LAUDERDILE, FL	33304	TITLE: NAME STREET ADDRESS CITY-ST-ZIP						1348 (12/02)
TITLE NAME STREET ADORESS CITY-ST-ZIP			MANE STREET ADDRESS CITY-ST-21P						CR2E034B
TITLE NAME STREET ADDRESS. CITY-ST-ZIP	ry maarin oo meram		MANE AND MESS- CTY-ST-ZP		DC	) NOT	WRITI	A SUMMER PROPERTY OF THE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		TITLE NAME STREET AODRESS CITY-ST-ZP			THIS	SPACE		
name Street address City-St-Zip			TITLE NAME STITLET ADDRESS CITY-ST-ZIP				1.6	18 mg 1 mg	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	64.08 Kilona V. Vikinga Programma Programma		TITLE NAME STREET ADDRESS CITY ST-20"				in the second		
12. I hereby certify that the information supplied with this filling 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 accordance and that fifty 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 trusted impossible of the certification of the corporation at the corporation of the receiver of trusted in section at required by Chapter 607, Florida Statutes and that my name appears in Block 10 or on an attachment with an address, with all other like employed.									
SIGNATURE:  BIOMATURE AND TYPED OR PRINTED CAME OF SIGNING OFFICER OR DIRECTOR  Date  Dayline Phone #									



July 23, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Progresso Motor Cars, Inc.

FEI # 03-0454726

## Gentlemen:

Enclosed please find a check for the amount of \$150 along with my 2003 Uniform Business Report. I never received the original in the mail.

Please accept my payment and waive all penalties and interest and kindly show my corporation Progresso Motor Cars, Inc. as being active.

Thanking you in advance for your prompt attention to this matter.

Sincerely,

Philip E. Howland

Director

Enclosures