

FILED
Apr 01, 2004 8:00 am
Secretary of State

03-12-2004 90014 028 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

3/1

DOCUMENT # P03000089384					
1. Entity Name PROGRESO REAL ESTATE AND DESIGN, INC.					
Principal Place of Business 690 NE 72ND TERRACE MIAMI FL 33138			Mailing Address 690 NE 72ND TERRACE MIAMI FL 33138		
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 75-3126807 <input type="checkbox"/> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				66409125	
5. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FERRELL GROUP CORPORATE SERVICES, L.L.C. 2875 NE 191ST STREET STE 800 TUMBERRY PLAZA AVENTURA FL 33180			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State 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 remaining) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00 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		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<i>President</i>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<i>Oscar Sussman</i>		NAME		
STREET ADDRESS	<i>690 NE 72nd Terrace</i>		STREET ADDRESS		
CITY-ST-ZIP	<i>Miami FL 33138</i>		CITY-ST-ZIP		
TITLE	<i>Secretary</i>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<i>Lionel Sussman</i>		NAME		
STREET ADDRESS	<i>690 NE 72nd Terrace</i>		STREET ADDRESS		
CITY-ST-ZIP	<i>Miami FL 33138</i>		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		
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)(l), 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 another like empowered.					
SIGNATURE: <i>[Signature]</i> _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					