

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # P04000029408

**1. Entity Name
PROGRESSO CONSTRUCTION & ASSOCIATES, INC**



Principal Place of Business

**485 NW 123RD ST
MIAMI, FL 33168**

Mailing Address

**485 NW 123RD ST
MIAMI, FL 33168**

DO NOT WRITE IN THIS SPACE



02212006 No Chg-P CR2E034 (11/05)

**4. FEI Number
20-0722507**

**Applied For
Not Applicable**

**5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PB&A FINANCIAL SERVICES, CORP
13935 NW 1ST AVE
MIAMI, FL 33168**

**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

Signature, typed or printed name of registered agent and title if applicable

(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. ☐ \$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ACOSTA, IRMAYASIL
STREET ADDRESS	485 NW 123RD ST
CITY - ST - ZIP	MIAMI, FL 33168
TITLE	D
NAME	WONG, ELIER H
STREET ADDRESS	485 NW 123RD ST
CITY - ST - ZIP	MIAMI, FL 33168
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**U00000449765
03/03/06-80067-009 150.00**

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Acosta Irmayasil/Pres 2/23/06 305 769 19 4