2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2005 8:00 am
Secretary of State
02-23-2005 90079 019 ***150.00

DOCUMENT # P04000040240

1. Entity Name
PROGRESSO EQUIPMENT LEASING, INC.

66014245

1st MOORE CR2E034 (10/04)

Principal Place of Business	Mailing Address
16 NE 9TH ST FT LAUDERDALE FL 33304	16 NE 9TH ST FT LAUDERDALE FL 33304

2. Principal Place of Business		3. Mailing Address	
Progresso Equipment		970 NW 13th Terr.	
Suite, Apt. #, etc. 970 NW 13th Terr.		Suite, Apt. #, etc. Ft Lauderdale	
City & State Ft. Lauderdale Fl		City & State Fl	
Zip 33351	Country	Zip 33351	Country

4. FEI Number 20-0831819 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HOWLAND, PHILIP E
16 NE 9TH ST
FT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name MOIRA ELLIOTT
Street Address (P.O. Box Number is Not Acceptable) 16 N.E. 9TH STREET
City FT. LAUDERDALE FL Zip Code 33304

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] 2/15/05
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, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	☒ Delete	TITLE	DIRECTOR PRESIDENT	☒ Change ☐ Addition
NAME	HOWLAND, PHILIP E		NAME	MOIRA ELLIOTT	
STREET ADDRESS	16 NE 9TH ST		STREET ADDRESS	16 N.E. 9th STREET	
CITY-ST-ZIP	FT LAUDERDALE FL 33304		CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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: [signature] 2/15/05 954 463 7726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #