2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000083928

Current Principal Place of Rusiness:

Entity Name: PROGRESSIVE MANAGEMENT ASSOCIATES, INC.

FILED Jan 30, 2005 Secretary of State

Current Finicipal Flace of Business.	New Fillicipal Flace of Busiliess.
18459 PINES BOULEVARD SUITE 222 PEMBROKE PINES, FL 33029 US	1001 NORTH FEDERAL HIGHWAY SUITE 246 HALLANDALE BEACH, FL 33009 US
Current Mailing Address:	New Mailing Address:
18459 PINES BOULEVARD SUITE 222 PEMBROKE PINES, FL 33029 US	1001 NORTH FEDERAL HIGHWAY SUITE 246 HALLANDALE BEACH, FL 33009 US
FEI Number: 55-0873073 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
LEGAL ZOOM NEVADA, INC. 44 W. FLAGLER ST. SUITE 675 MIAMI, FL 33130 US	
The above named entity submits this statement for the p in the State of Florida.	ourpose of changing its registered office or registered agent, or both,

New Principal Place of Rusiness

Election Campaign Financing Trust Fund Contribution ().

PEMBROKE PINES, FL 33029 US

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

SIGNATURE:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

PRES Title: () Delete Title: PRFS (X) Change () Addition LOUIS, JONATHAN B LOUIS, JONATHAN B Name: Name: 18459 PINES BOULEVARD, SUITE 222 Address: 1001 NORTH FEDERAL HIGHWAY, SUITE 246 Address: City-St-Zip: PEMBROKE PINES, FL 33029 US City-St-Zip: HALLANDALE BEACH, FL 33009 US Title: VΡ (X) Delete Title: () Change () Addition RODRIGUEZ, JOSE Name: Name: Address: 18459 PINES BOULEVARD, SUITE 222 Address: PEMBROKE PINES, FL 33029 US City-St-Zip: City-St-Zip: Title: (X) Delete Title: DIR () Change () Addition Name: LOUIS, MICHELLE M Name: 18459 PINES BOULEVARD, SUITE 222 Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: JONATHAN B. LOUIS PRES 01/30/2005