

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000083928

**FILED**  
**Nov 16, 2007**  
**Secretary of State**

**Entity Name:** PROGRESSIVE MANAGEMENT ASSOCIATES, INC.

**Current Principal Place of Business:**

5400 SOUTH UNIVERSITY DRIVE  
SUITE 101  
DAVIE, FL 33328 US

**New Principal Place of Business:**

**Current Mailing Address:**

5400 SOUTH UNIVERSITY DRIVE  
SUITE 101  
DAVIE, FL 33328 US

**New Mailing Address:**

**FEI Number:** 55-0873073

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAWRENCE H. ROGOVIN, P.A.  
4000 HOLLYWOOD BOULEVARD  
SUITE 265-SOUTH  
HOLLYWOOD, FL 33021 US

**Name and Address of New Registered Agent:**

LOUIS, JONATHAN B  
5400 SOUTH UNIVERSITY DRIVE  
SUITE 101  
DAVIE, FL 33328 US

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.

SIGNATURE: JONATHAN LOUIS

11/16/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PTSD ( ) Delete  
Name: LOUIS, JONATHAN B  
Address: 1001 NORTH FEDERAL HWY., STE 246  
City-St-Zip: HALLANDALE BEACH, FL 33009 US

Title: D ( ) Delete  
Name: LOUIS, MICHELLE M  
Address: 1001 NORTH FEDERAL HWY., STE 246  
City-St-Zip: HALLANDALE BEACH, FL 33009 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTSD (X) Change ( ) Addition  
Name: LOUIS, JONATHAN B  
Address: 5400 SOUTH UNIVERSITY DRIVE, SUITE 101  
City-St-Zip: DAVIE, FL 33328 US

Title: VPD (X) Change ( ) Addition  
Name: MASUD, ALICIA L  
Address: 5400 SOUTH UNIVERSITY DRIVE, SUITE 101  
City-St-Zip: DAVIE, FL 33328 US

Title: D ( ) Change (X) Addition  
Name: LOUIS, MICHELLE M  
Address: 5400 SOUTH UNIVERSITY DRIVE, SUITE 101  
City-St-Zip: DAVIE, FL 33328

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: JONATHAN B. LOUIS

PD

11/16/2007

Electronic Signature of Signing Officer or Director

Date