

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90149 028 ***150.00

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03282007 Chg-P CR2E034 (12/06)

DOCUMENT # P05000039771 1. Entity Name PROGRESS USA, CORP.						
Principal Place of Business 4020 SHERIDAN STREET B HOLLYWOOD, FL 33021 US			Mailing Address 4020 SHERIDAN STREET B HOLLYWOOD, FL 33021 US			
2. Principal Place of Business - No P.O. Box # 3389 Sheridan St. Suite, Apt. #, etc. # 552		3. Mailing Address 3389 Sheridan St. Suite, Apt. #, etc. # 552		4. FEI Number 20-2535368 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
City & State Hollywood, FL		City & State Hollywood, FL				
Zip 33021 Country US		Zip 33021 Country US				
6. Name and Address of Current Registered Agent WAKSBERGER, JOSEFE 4020 SHERIDAN STREET B HOLLYWOOD, FL 33021				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3389 Sheridan St., # 552 City Hollywood FL Zip Code 33021		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	P-D WAKSBERGER, JOSEFE 4020 SHERIDAN STREET SUITE B HOLLYWOOD, FL 33021		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3389 Sheridan Street, #552 Hollywood, FL 33021	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 06/11/07 Daytime Phone #: 954-981 3372			