

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2007 8:00 am**  
**Secretary of State**

03-09-2007 90006 039 \*\*\*150.00

40032562



02122007 Chg-P CR2E034 (12/06)

4. FEI Number **20-3183077** Applied For ☐ Not Applicable ☒

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

DOCUMENT # P06000091950

1. Entity Name  
PROGRESO JEWELRY INC



Principal Place of Business  
3871 SW 147 AVENUE  
UNIT 4  
MIAMI, FL 33185 US

Mailing Address  
3871 SW 147 AVENUE  
UNIT 4  
MIAMI, FL 33185 US

2. Principal Place of Business - No P.O. Box #  
**1 NE 1st Street**

3. Mailing Address  
**1 NE 1st Street**

Suite, Apt. #, etc.  
**5th B-21**

Suite, Apt. #, etc.  
**5th B-21**

City & State  
**MIAMI FL**

City & State  
**MIAMI FL**

Zip  
**33132**

Country  
**USA**

Zip  
**33132**

Country  
**USA**

6. Name and Address of Current Registered Agent

SANDOVAL, GLADIS  
3871 SW 147 AVENUE  
UNIT 4  
MIAMI, FL 33185

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD**  
**SANDOVAL, GLADIS** ☐ Delete  
**3871 SW 147 AVENUE UNIT 4**  
**MIAMI, FL 33185**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD**  
**PORTILLO, RENNY G** ☐ Delete  
**3871 SW 147 AVENUE UNIT 4**  
**MIAMI, FL 33185**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 687, 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/15/07**