

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000051530

**FILED**  
**Jan 16, 2012**  
**Secretary of State**

**Entity Name:** PROGRESSO INSURANCE AND SERVICES INC

**Current Principal Place of Business:**

5981 FUNSTON ST SUITE B4  
HOLLYWOOD, FL 33023

**New Principal Place of Business:**

9041 PEMBROKE ROAD  
PEMBROKE PINES, FL 33025

**Current Mailing Address:**

5981 FUNSTON ST SUITE B4  
HOLLYWOOD, FL 33023

**New Mailing Address:**

9041 PEMBROKE ROAD  
PEMBROKE PINES, FL 33025

**FEI Number:** 45-2424207

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PARRA, ANA M  
5981 FUNSTON ST SUITE B4  
HOLLYWOOD, FL, FL 33023 US

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

PARRA, ANA M  
9041 PEMBROKE ROAD  
PEMBROKE PINES, FL 33025 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: ANA MARIA PARRA

01/16/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PARRA, ANA M  
Address: 9041 PEMBROKE ROAD  
City-St-Zip: PEMBROKE PINES, FL 33025

I hereby 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 all other like empowered.

SIGNATURE: ANA MARIA PARRA

PR

01/16/2012

Electronic Signature of Signing Officer or Director

Date