## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000072247

Address:

City-St-Zip:

Entity Name: PROGRESSIVE DESIGN & ENGINEERING, INC.

FILED Jan 11, 2005 Secretary of State

	rincipal Place of Business:	New Principal Place of Business:
	REINA RD BEACH, FL 33446	10891 LA REINA RD SUITE 100
<i>5</i>	52. (61.), 12. 66.116	DELRAY BEACH, FL 33446
Current M	lailing Address:	New Mailing Address:
	REINA RD BEACH, FL 33446	10891 LA REINA RD SUITE 100 DELRAY BEACH, FL 33446
FEI Number	: 65-0523642 FEI Number Applied For	r() FEI Number Not Applicable () Certificate of Status Desired (X)
Name and	l Address of Current Registered Ag	ent: Name and Address of New Registered Agent:
10891 LA	WI, KAREN REINA RD BEACH, FL 33446 US	
	e named entity submits this statement f e of Florida.	or the purpose of changing its registered office or registered agent, or both
SIGNATU		
	Electronic Signature of Registe	
Election Ca	Electronic Signature of Registe	( ).
OFFICER Title: Name: Address:	mpaign Financing Trust Fund Contribution	( ).
OFFICER Title: Name: Address: City-St-Zip: Title:	mpaign Financing Trust Fund Contribution  S AND DIRECTORS:  PST () Delete  MAJDALAWI, KAREN 10891 LA REINA RD DELRAY BEACH, FL 33446  VP () Delete	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO  Title: ( ) Change ( ) Addition  Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition
OFFICER  Title: Name: Address: Dity-St-Zip: Title: Name:	mpaign Financing Trust Fund Contribution  S AND DIRECTORS:  PST () Delete  MAJDALAWI, KAREN 10891 LA REINA RD DELRAY BEACH, FL 33446  VP () Delete HOYOS, RODOLFO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO  Title: ( ) Change ( ) Addition  Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition  Name:
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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.

Address: City-St-Zip:

SIGNATURE: KAREN MAJDALAWI PST 01/11/2005

4349 B QUAIL RIDGE DRIVE NORTH

BOYNTON BEACH, FL 33436