

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000072247

FILED
Jan 09, 2008
Secretary of State

Entity Name: PROGRESSIVE DESIGN & ENGINEERING, INC.

Current Principal Place of Business:

10891 LA REINA RD
SUITE 100
DELRAY BEACH, FL 33446

New Principal Place of Business:

Current Mailing Address:

10891 LA REINA RD
SUITE 100
DELRAY BEACH, FL 33446

New Mailing Address:

FEI Number: 65-0523642 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MAJDALAWI, KAREN
10891 LA REINA RD
DELRAY BEACH, FL 33446 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: MAJDALAWI, KAREN
Address: 10891 LA REINA RD
City-St-Zip: DELRAY BEACH, FL 33446

Title: VP () Delete
Name: HOYOS, RODOLFO
Address: 14011 LAKE GEORGE CT
City-St-Zip: MIAMI, FL 33014

Title: T () Delete
Name: MAJDALAWI, WAEL
Address: 10891 LA REINA RD
City-St-Zip: DELRAY BEACH, FL 33446

Title: S () Delete
Name: ROBESON, GARY
Address: 4349 B QUAIL RIDGE DRIVE NORTH
City-St-Zip: BOYNTON BEACH, FL 33436

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KAREN MAJDALAWI

PST

01/09/2008

Electronic Signature of Signing Officer or Director

_____ Date