## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED Apr 14, 2005 8:00 am Secretary of State 04-14-2005 90084 044 \*\*\*150.00

DOCUMENT # S78282  1. Entity Name PROGRESSIVE PUBLIC RELATIONS INC.				04-14-2005 90084 044 ***150.00			
Principal Place of Business  233 N COCONUT LANE MIAMI BEACH, FL 33139 US  Mailing Address  233 N COCOUNT LANE MIAMI BEACH, FL 33139 US			1 17011012	KEL IRRAL 1921A MARAK ERIJA 1181	: SIOCC GLAIT CLOIL GLAIT GCA11 AIK	KORI A IFOL	
2. Principal Place of Business 701 GRAND CONCOURSE 701 GRAND CONCOURSE 701 GRAND CONCOURSE							
Suite, Apt. #, etc. Suite, Apt. #, etc.			03252005	Chg-P	CR2E034 (10/03)		
City & State MIAMI SHURES, FL	City & State HIAMI SHORE	City & State HIAMI SHORES FL				plied For	
Zip 33/38 = Country	zip 33138	Zip 33138 Country		Certificate of Status Desired			
Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent Name				
CRAVEN, VIRGINIA S 233 N COCONUT LANE MIAMI BEACH, FL 33139			Street Address (P.O. Box Number is Not Acceptable)				
			701 GRAND CONCOURSE  City MIAMI SHORES, FL Zip Code 33,138				
8. The above named entity submits this statement for the purpose of changing its registered office or register							
the obligations of legistered agent.	Craver_		_	·	4/8/05		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renstating)  DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$5			\$5.00 May Be Added to Fees				
	AND DIRECTORS	11.	ADDITION	S/CHANGES TO OFF	ICERS AND DIRECTORS		
NAME CRAVEN, VIRGINIA S STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL	_ Clote	TITLE NAME STREET ADDRESS CITY-ST-ZIP		CONCOURSE LES, FL 331		☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
NITLE NAME STREET ADDRÉSS CITY- ST-ZIP	☐ Delete	TITLE  NAME STREET ADDRESS  CITY-ST-ZIP	<del>-</del>	-	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition .	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
12. I hereby certify that the information supplier indicated on this report or supplemental report the corporation or the receiver or trustee changed, or on an attachment with an addr SIGNATURE:  2. A. January 1.	for is true and accurate and that	my signature shall ha	ave the same legal eff	ect as if made under o ites; and that my name	nath that I am an officer	or director Block 11 if	