


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.			
Principal Place of Business 233 N COCONUT LANE MIAMI BEACH, FL 33139 US		Mailing Address 233 N COCONUT LANE MIAMI BEACH, FL 33139 US	
2. Principal Place of Business 701 GRAND CONCOURSE		3. Mailing Address 701 GRAND CONCOURSE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI SHORES, FL		City & State MIAMI SHORES, FL	
Zip 33138 Country		Zip 33138 Country	
4. FEI Number 65-0283807		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRAVEN, VIRGINIA S 233 N COCONUT LANE MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 701 GRAND CONCOURSE City MIAMI SHORES, FL Zip Code 33138	
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: <i>Virginia S. Craven</i> DATE: 4/8/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRAVEN, VIRGINIA S 233 N COCONUT LANE MIAMI BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 701 GRAND CONCOURSE MIAMI SHORES, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Virginia S. Craven</i>		DATE: 4/8/05 DAYTIME PHONE: 305-759-0475	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE DAYTIME PHONE #	