

**2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 743650

**Entity Name:** SER-JOBS FOR PROGRESS, INC.

**Current Principal Place of Business:**

5600 NW 36 STREET  
#561  
MIAMI, FL 33166

**Current Mailing Address:**

P.O. BOX 661597  
MIAMI, FL 33266-1597

**FEI Number:** 59-1849595

**Certificate of Status Desired:** No

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

CELA, JOSE L  
5600 NW 36 STREET #561  
MIAMI, FL 33166 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title C  
Name LLANO MONTES, DANIEL  
Address 5940 SW 157 PL  
City-State-Zip: MIAMI FL 33193

Title VC  
Name ROBERT, LACLE  
Address 1717 N BAYSHORE DRIVE  
City-State-Zip: MIAMI FL 33132

Title M  
Name BERUVIDES, MARCELO  
Address 3121 SW 82 CT  
City-State-Zip: MIAMI FL 33155

Title M  
Name CHAVES, MELVIN  
Address 9700 SW 115 TERRACE  
City-State-Zip: MIAMI FL 33176

Title S  
Name LOPEZ, FELIX M  
Address P.O. BOX 960085  
City-State-Zip: MIAMI FL 33296

Title TREASURER  
Name VAZQUEZ, LUIS J  
Address 19456 SW 78 CT  
City-State-Zip: MIAMI FL 33157

Title MEMBER  
Name GODOY, EDUARDO  
Address 711 CAMILO AVE  
City-State-Zip: CORAL GABLES FL 33134-7007

Title MEMBER  
Name POTTS, BARBARA  
Address 14400 NW 77 COURT  
# 201  
City-State-Zip: MIAMI LAKES FL 33016

**Continues on page 2**

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MANUEL CORDOBA

**GENERAL MANAGER/CFO 03/03/2017**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date

**Officer/Director Detail Continued :**

Title MEMBER  
Name ZUGASTI, YOLANDA  
Address 1901 BRICKELL AVE  
B1007  
City-State-Zip: MIAMI FL 33129

Title GENERAL MANAGER / CFO  
Name CORDOBA, MANUEL  
Address 5600 NW 36 STREET  
#561  
City-State-Zip: MIAMI FL 33166

Title CENTER DIRECTOR  
Name ZENO, MIRIAM  
Address 5600 NW 36 STREET  
#561  
City-State-Zip: MIAMI FL 33166