


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90010 013 ****61.25

DOCUMENT # N00000007609
 1. Entity Name
S.T.E.P.S. IN THE RIGHT DIRECTION, INC.



Principal Place of Business
1840 WEST 49TH STREET
222-02
HIALEAH, FL 33012 US

Mailing Address
P.O. BOX 28112
HIALEAH, FL 33002 US

24075889



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04302004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-1067093 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SALEM, MICHAEL
6363 GAGE PLACE
MIAMI LAKES, FL 33014

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DC	<input checked="" type="checkbox"/> Delete	TITLE	DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEDBETTER, VIVIAN E		NAME	ALPHONSE BERMEJO	
STREET ADDRESS	4670 WEST 13TH LANE		STREET ADDRESS	605 EAST 8 LANE	
CITY-ST-ZIP	HIALEAH, FL 33012		CITY-ST-ZIP	HIALEAH, FL 33010	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DVC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARK, ALEXANDER		NAME	MARY GANDOLPH	
STREET ADDRESS	1820 WEST 47TH PLACE, #511		STREET ADDRESS	6520 WEST 11 CT.	
CITY-ST-ZIP	HIALEAH, FL 33012		CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE	TSD	<input checked="" type="checkbox"/> Delete	TITLE	DTSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERNANDEZ-MORA, MARIO		NAME	MARLENE RICARDO	
STREET ADDRESS	3509 S.W. 113 PLACE		STREET ADDRESS	8223 NW196 TERR	
CITY-ST-ZIP	MIAMI, FL 33165		CITY-ST-ZIP	MIAMI, FL 33015	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORREST, HABRIT		NAME	CHRISTINE JEAN BAPTISTE	
STREET ADDRESS	6323 GAGE PLACE		STREET ADDRESS	920 NW179 STREET	
CITY-ST-ZIP	MIAMI LAKES, FL 33014		CITY-ST-ZIP	MIAMI, FL 33169	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SALEM, MICHAEL		NAME	ANDREW SMITH	
STREET ADDRESS	6363 GAGE PLACE		STREET ADDRESS	6716 SW 34 CT	
CITY-ST-ZIP	MIAMI LAKES, FL 33014		CITY-ST-ZIP	MIRAMAR, FL 33023	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOY, TIMOTHY		NAME	RAUL RICARDO	
STREET ADDRESS	5121 LANCELOT LANE		STREET ADDRESS	8323 NW196 TERR	
CITY-ST-ZIP	DAVIE, FL 33331		CITY-ST-ZIP	MIAMI, FL 33015	

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 617, 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: Michael Salem **4/30/04** **(305)231-9936**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #