


2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N00000007609 1. Entity Name S.T.E.P.S. IN THE RIGHT DIRECTION, INC.	
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 04 OCT -4 PM 12:38

Principal Place of Business 1840 WEST 49TH STREET 222-02 HIALEAH, FL 33012 US	Mailing Address P.O. BOX 28112 HIALEAH, FL 33002 US
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2. Principal Place of Business	3. Mailing Address	09172004 Chg-NP CR2E037 (10/03)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip

4. FEI Number 65-1067093	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 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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25	9. Election Campaign Financing - Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DC	TITLE	D
NAME	BERMEJO, ALPHOUSE	NAME	ILSE HERNANDEZ
STREET ADDRESS	605 EAST 8 LANE	STREET ADDRESS	18335 NW 61 AVENUE
CITY-ST-ZIP	HIALEAH, FL 33010	CITY-ST-ZIP	MIAMI, FL 33015
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	DVC	TITLE	D
NAME	GANDOLPH, MARY	NAME	OLAXENDER CLARK
STREET ADDRESS	6520 WEST 11 CT.	STREET ADDRESS	1820 WEST 47 PLACE #511
CITY-ST-ZIP	HIALEAH, FL 33012	CITY-ST-ZIP	HIALEAH, FL 33012
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	DTSD	TITLE	
NAME	RICARDO, MARLENE	NAME	
STREET ADDRESS	8223 NW 196 TERR.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33015	CITY-ST-ZIP	
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DTSD	TITLE	
NAME	JEAN BAPTISTE, CHRISTINE	NAME	
STREET ADDRESS	920 NW 179 STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33169	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD	TITLE	
NAME	SALEM, MICHAEL	NAME	
STREET ADDRESS	6363 GAGE PLACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES, FL 33014	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	TITLE	
NAME	RICARDO, RAUL	NAME	
STREET ADDRESS	8323 NW 196 TERR.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33015	CITY-ST-ZIP	
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 10/05/04--01007--017 ***26.25

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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 09/09/04--01027--014 ***35.00

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: _____ Date: 9/16/04 Daytime Phone #: (305) 231-9936

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR