

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90114 020 \*\*\*\*70.00

<b>DOCUMENT # N00000007609</b>					
1. Entity Name S.T.E.P.S. IN THE RIGHT DIRECTION, INC.					
Principal Place of Business 1651 WEST 37TH STREET, STE 406 HIALEAH, FL 33012 US			Mailing Address P.O. BOX 28112 HIALEAH, FL 33002 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03212005 Chg-NP CR2E037 (10/03)	
4. FEI Number 65-1067093				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SALEM, MICHAEL 6363 GAGE PLACE MIAMI LAKES, FL 33014			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DC	<input type="checkbox"/> Delete	TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERMEJO, ALPHOUSE		NAME	ROLANDO ACOSTA	
STREET ADDRESS	605 EAST 8 LANE		STREET ADDRESS	1261 WEST 43 PLACE	
CITY-ST-ZIP	HIALEAH, FL 33010		CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE	DVC	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GANDOLPH, MARY		NAME	TERESA ACOSTA	
STREET ADDRESS	6520 WEST 11 CT.		STREET ADDRESS	1261 WEST 43 PLACE	
CITY-ST-ZIP	HIALEAH, FL 33012		CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERNANDEZ, ILSE		NAME	JOSE AQUINO	
STREET ADDRESS	18335 NE 61 AVE.		STREET ADDRESS	6532 NW 170 TERR	
CITY-ST-ZIP	MIAMI, FL 33015		CITY-ST-ZIP	MIAMI, FL 33015	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEAN BAPTISTE, CHRISTINE		NAME	Ebenezer Boakye	
STREET ADDRESS	920 NW 179 STREET		STREET ADDRESS	19180 SW 151 AVENUE	
CITY-ST-ZIP	MIAMI, FL 33169		CITY-ST-ZIP	MIRAMAR, FL 33029	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALEM, MICHAEL		NAME		
STREET ADDRESS	6363 GAGE PLACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES, FL 33014		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, ALXENDER		NAME		
STREET ADDRESS	1820 WEST 47 PLACE #511		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33012		CITY-ST-ZIP		
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 affidavit, with all other like empowered.					
SIGNATURE: _____		MICHAEL SALEM		Date: 4/11/05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Daytime Phone #</small> (305) 231-9936	