


03-18-2003 90063 039 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000112636					
1. Entity Name <b>EVERY STEP, INC.</b>					
Principal Place of Business 520 BRICKELL KEY DR., 0-305 MIAMI, FL 33131			Mailing Address 520 BRICKELL KEY DR., 0-305 MIAMI, FL 33131		
2. Principal Place of Business <i>1552 Zenith Way</i>		3. Mailing Address <i>1552 Zenith Way</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Weston - FL</i>		City & State <i>Weston - FL</i>		4. FEI Number <i>51-0432612</i>	
Zip <i>33327</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>TRANSGLOBAL CORPORATE SERVICES</b> 520 BRICKELL KEY DR., 0-305 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name <i>DORA Capelluto</i> Street Address (P.O. Box Numbers Not Acceptable) <i>1552 Zenith Way</i> City <i>Weston</i> FL Zip Code <i>33327</i>		
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>Dora Capelluto</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <i>3/13/02</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!! - FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	D FREEMAN, STEPHEN A 520 BRICKELL KEY DR., 0-305 MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V.P. DORA Capelluto 1552 Zenith Way Weston - FL 33327</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>←</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Pres. Ricardo Rozenberg URQUIZA 2270 Florida, Buenos Aires Argentina</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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
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>Dora Capelluto</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <i>3/13/02</i> <small>Date</small> Daytime Phone #	

CR12034 (10/02)