2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an ag

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 23, 2005 08:00 AM **Secretary of State** DOCUMENT # P95000090431 1. Entity Name STEP AHEAD OF SOUTH FLORIDA, INC. Principal Place of Business Mailing Address 1535 NW 79TH AVENUE 13491 SW 129 ST MIAMI, FL 33186 MIAMI, FL 33126 03072005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS 4. FEI Number Applied For 65-0638493 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE ANDRADE, PABLO 1535 NW 79TH AVENUE MIAMI, FL 33126 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE ARMAS, ANGELA R NAME U00000273040 STREET ADDRESS 140 SOLANO PRADO 03/23/05-80010-015 150.00 CORAL GABLES, FL 33156 CITY-ST-ZIP TITI F NAME BOWMAN, ALICIA A STREET ADDRESS 11530 SW 99TH ST CITY-ST-ZIP MIAMI, FL 33176 TITLE ARMAS, ANNETTE M NAME STREET ADDRESS 8990 SW 106TH ST **DO NOT WRITE** CITY-ST-ZIP MIAMI, FL 33176 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP fling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director so to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if all other like empowered. 12. I hereby certify that the information supplemental of the corporation or the receiver or trus

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