

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 23, 2015
Secretary of State
CC6617519319

Entity Name: S.T.E.P.S. IN THE RIGHT DIRECTION, INC.

Current Principal Place of Business:

1671 WEST 37 STREET, SUITE 4
HIALEAH, FL 33012

Current Mailing Address:

1671 WEST 37 STREET, SUITE 4
HIALEAH, FL 33012 US

FEI Number: 65-1067093

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SALEM, MICHAEL
1671 WEST 37 STREET
4
HIALEAH, FL 33012 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DT
Name HECHAVARRIA, MIGUEL R
Address 1671 WEST 37 STREET #4
City-State-Zip: HIALEAH FL 33012

Title DC
Name ACOSTA, CLEMENTE
Address 1671 WEST 37 STREET #4
City-State-Zip: HIALEAH FL 33012

Title PCEO
Name SALEM, MICHAEL
Address 1671 WEST 37TH STREET
SUITE 4
City-State-Zip: HIALEAH FL 33012

Title D
Name GANDOLPH, MARY
Address 1671 WEST 37TH STREET
SUITE 4
City-State-Zip: HIALEAH FL 33012

Title D
Name WATSON, HOWARD
Address 1671 WEST 37TH STREET
SUITE 4
City-State-Zip: HIALEAH FL 33012

Title DIRECTOR
Name WATSON, DARLENE
Address 1671 WEST 37TH STREET
SUITE 4
City-State-Zip: HIALEAH FL 33012

Title DIRECTOR
Name ACOSTA, TERESA
Address 1671 WEST 37TH STREET
SUITE 4
City-State-Zip: HIALEAH FL 33012

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL SALEM

PCEO

02/23/2015

Electronic Signature of Signing Officer/Director Detail

Date