2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Apr 28, 2004 8:00 am Secretary of State 04-28-2004 90301 007 ****61.25 DOCUMENT # N03000006191 LITTLE STEPS FOUNDATION, INC. 44039150 Principal Place of Business Mailing Address 765 WEST 76TH STREET 765 WEST 76TH STREET HIALEAH, FL 33014 HIALEAH, FL 33014 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262004 Chq-NP CR2E037 (10/03) 4. FEI Number 20-011 000 8 City & State City & State Applied For Not Applicable Country Zip Country Zip. \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name URQUIOLA, JOAQUIN R **GOLDSTEIN SCHECHTER PRICE LUCAS HORWITZ &** Street Address (P.O. Box Number is Not Acceptable) 2121 PONCE DE LEON BLVD STE 1100 CORAL GABLES, FLE 33134 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition ☐ Delete TITLE TITLE Boug, BOVO, VIVIANA VIVIANA NAME NAME 765 W 76 ST Hialeah, FL 33014 765 WEST 76TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33014 CITY-ST-ZIP Change ☐ Delete TITLE Addition Director TITLE NAME ROLDOS, VIVIAN NAME Garcia, STREET ADDRESS 765 WEST 76TH STREET STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33014 CITY-ST-ZIP ☐ Delete TITLE Addition PINEIRO, ANTONIO NAME NAME 765 WEST 76TH STREET STREET ADDRESS STREET ADDRESS Virginia CITY-ST-ZIP HIALEAH, FL 33014 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS נטיי לַחִי CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 apport is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver of truefee 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 appears, with all other like empowered. SIGNATURE: _

FILED

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR