

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000535

FILED
Jan 20, 2009
Secretary of State

Entity Name: STEPS OF LIFE (S.O.L.) INCORPORATED

Current Principal Place of Business:

13825 NW 22 STREET
SUNRISE, FL 333023

New Principal Place of Business:

Current Mailing Address:

13825 NW 22 STREET
SUNRISE, FL 333023

New Mailing Address:

FEI Number: 20-0723765

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARIN, LUIS E
13825 NW 22 STREET
SUNRISE, FL 33323 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MARIN, LUIS E
Address: 13825 NW 22 STREET
City-St-Zip: SUNRISE, FL 333023

Title: VP () Delete
Name: SCAVONE, FREDERICK
Address: 7150 W 20 STREET
City-St-Zip: HIALEAH, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LUIS E. MARIN

DPM

01/20/2009

Electronic Signature of Signing Officer or Director

Date