## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000002480

Apr 22, 2009 Secretary of State

Entity Name: STEPS TO SUCCESS LEARNING ACADEMY, INC.

**Current Principal Place of Business:** New Principal Place of Business:

4714 NW 165 STREET 675 IVES DAIRY ROAD APT 305

MIAMI GARDENS, FL 33014 MIAMI, FL 33179

**Current Mailing Address: New Mailing Address:** 

2420 NW 181 TERRACE MIAMI, FL 33056

FEI Number: 41-2270512 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROBINSON, MICHELLE D 675 IVES DÁIRY ROAD BLD.1-305 MIAMI, FL 33179 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:

Date

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition ( ) Delete ROBINSON, MICHELLE D ROBINSON, MICHELLE D Name: Name: 675 IVES DAIRY ROAD BLD1-305 Address: 675 IVES DAIRY ROAD BLD1-305 Address:

City-St-Zip: MIAMI, FL 33179 City-St-Zip: MIAMI, FL 33179

Title: DIR ( ) Delete Title: () Change () Addition

CLAY, CYNTHIA Name: Name: Address: 15745 NW 19TH AVENUE Address: City-St-Zip: MIAMI GARDENS, FL 33054 City-St-Zip:

Title: DIR (X) Delete Title: () Change () Addition

MYLES, NADINE Name: Name: 19825 NW 12TH COURT Address: Address: City-St-Zip: MIAMI GARDENS, FL 33169 City-St-Zip:

Title: DIR ( ) Delete Title: () Change () Addition

Name: SIMMONS, ANIKA Name: 283 NW 41ST STREET Address: Address: City-St-Zip: MIAMI, FL 33127 City-St-Zip:

Title: Title: DIR (X) Delete () Change () Addition

LOPES, MAZIER Name: Name: 645 IVES DAIRY ROAD BLD3-411 Address: Address: City-St-Zip: MIAMI, FL 33179 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: MICHELLE D ROBINSON P/D 04/22/2009