2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2002 8:00 AM
Secretary of State

DOCUMENT# P00000057421

Entity Name: STEP-BY-STEP SYSTEMS, INC.

Current Principal Place of Business:

4105 PONCE DE LEON BLVD
STE 202
CORAL GABLES, FL 33146

New Principal Place of Business:

4105 PONCE DE LEON BLVD
STE 201
CORAL GABLES, FL 33146

Current Mailing Address:

4105 PONCE DE LEON BLVD
STE 202
CORAL GABLES, FL 33146

New Mailing Address:

4105 PONCE DE LEON BLVD
STE 201
CORAL GABLES, FL 33146

FEI Number: 65-1018004 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GIUFFREDI, ROBERTO
4105 PONCE DE LEON BLVD
STE 202
CORAL GABLES, FL 33146

Name and Address of New Registered Agent:

GIUFFREDI, ROBERTO
4105 PONCE DE LEON BLVD
STE 201
CORAL GABLES, FL 33146

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: 04/25/2002
Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: GIUFFREDI, ROBERTO
Address: 4105 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33146

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S ( ) Change (X) Addition
Name: ALFONZO, ADRIANA
Address: 4105 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADRIANA ALFONZO S 04/25/2002
Electronic Signature of Signing Officer or Director — Date