

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90168 026 ***150.00

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1. Entity Name
**A STEP ABOVE - OFFICE CLEANING & PROFESSIONAL
SERVICES, INC.**



Principal Place of Business

**2230 NW 55TH ST
TAMPA, FL 33605**

Mailing Address

**PO BOX 357368
GAINESVILLE, FL 32635-7368**

50001751



2. Principal Place of Business

1711 N.W. 39TH DRIVE

3. Mailing Address

Suite, Apt. #, etc.

02152006 Chg-P CR2E034 (11/05)

City & State

GAINESVILLE, FL

City & State

Zip

Country

4. FEI Number
65-1203637

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CABALLERO, ENRIQUE
2330 NW 55TH ST
GAINESVILLE, FL 32605**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1711 N.W. 39TH DRIVE

City

GAINESVILLE

FL

Zip Code
32605

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **CABALLERO, ENRIQUE**
CITY-ST-ZIP **2230 NW 55TH ST
GAINESVILLE, FL 32605**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1711 N.W. 39TH DRIVE**
CITY-ST-ZIP **GAINESVILLE, FL 32605**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Enrique Caballero**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/06
Date

352-514-4793
Daytime Phone #