2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 13, 2007 8:00 am Secretary of State

DOCUMENT # P03000099106 1. Entity Name A STEP ABOVE - OFFICE CLEANING & PROFESSIONAL SERVICES, INC.						07 90007 017	***15	50.00
Principal Place	e of Business	Mailing Address		🚽 4ูบบ	Tatra			
Principal Place of Business Mailing Address 1711 NW 39TH DRIVE PO BOX 357368 GAINESVILLE, FL 32605 GAINESVILLE, FL 32635-7368			7368					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02072007	Chg-P	CR2E034 (1	2/06)	
City & State		City & State		4. FEI Number 65-1203				lied For Applicable
Zip	Country	Zip Country		5. Certificate of	of Status Desired		75 Addit Required	
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New	Registered Agent	l	
CABALLERO, ENRIQUE 1711 NW 39TH DRIVE			Name					
			Street Addres	ss (P.O. Box Numbe	r is Not Acceptat	ole)		
GAINESVI	LLE, FL 32605							
1			City			FL Z	ip Code	
8. The above	named entity submits this statement for	or the purpose of changing its re	egistered office or regis	istered agent, or bott	n, in the State of I		ar with, a	and accept
	ions of registered agent.			-				
1								
SIGNATURE.	Signature, typed or printed name of registered agen	t and title it applicable. (NOTE: F	Registered Agent signature requ	juired when reinstating)		DATE		
FIL	Signature, typed or printed name of registered agen E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campaign		\$5.00 May Be Added to Fees		DATE		
FIL	E NOW!!! FEE IS \$150.00	9. Election Campaign Trust Fund Contrib		\$5.00 May Be Added to Fees	CHANGES TO O	DATE	ECTORS	S IN 11
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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:

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(50) 314-4793