


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-13-2007 90007 017 \*\*\*150.00

<b>DOCUMENT # P03000099106</b>	
1. Entity Name <b>A STEP ABOVE - OFFICE CLEANING &amp; PROFESSIONAL SERVICES, INC.</b>	

Principal Place of Business <b>1711 NW 39TH DRIVE GAINESVILLE, FL 32605</b>	Mailing Address <b>PO BOX 357368 GAINESVILLE, FL 32635-7368</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40013110



02072007 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-1203637</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>CABALLERO, ENRIQUE 1711 NW 39TH DRIVE GAINESVILLE, FL 32605</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CABALLERO, ENRIQUE 1711 NW 39TH DRIVE GAINESVILLE, FL 32605</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Enrique Caballero 02/12/07 850-374-4793  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #