



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2004 8:00 am**  
**Secretary of State**

03-05-2004 90010 025 \*\*\*158.75

<b>DOCUMENT # P03000104238</b> 1. Entity Name <b>BABY STEPS, INC.</b>					
Principal Place of Business <b>3205 HAWK'S RIDGE POINT KISSIMMEE, FL 34741</b>			Mailing Address <b>3205 HAWK'S RIDGE POINT KISSIMMEE, FL 34741</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		01072004    Chg-P    CR2E034 (10/03)	
Zip		Country		4. FEI Number <b>56-2403400</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>			7. Name and Address of New Registered Agent Name <b>CHITO V. CALAQUIAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>3205 HAWK'S RIDGE PT.</b> City <b>KISSIMMEE, FL</b> Zip Code <b>34741</b>		
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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>01 MARCH 2004</b>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CALAQUIAN, CECILIA G 3205 HAWK'S RIDGE POINT KISSIMMEE, FL 34741	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CALAQUIAN, CHITO V 3205 HAWK'S RIDGE POINT KISSIMMEE, FL 34741	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>[Signature]</i> <b>CECILIA G. CALAQUIAN</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <b>01 MARCH 2004</b> (407) 847-0298 <small>Date Daytime Phone #</small>	