


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91061 023 ***150.00

DOCUMENT # P03000109870																	
1. Entity Name STEP AHEAD, CORP.																	
Principal Place of Business 1450 BRICKELL BAY DR #504 MIAMI, FL 33131			Mailing Address 1450 BRICKELL BAY DR #504 MIAMI, FL 33131														
2. Principal Place of Business			3. Mailing Address														
Suite, Apt. #, etc.			Suite, Apt. #, etc.														
City & State			City & State														
Zip		Country		Zip													
Country		Country		4. FEI Number 54-2128246													
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable													
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required													
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent														
MORA, FEDERICO 1450 BRICKELL BAY DR #504 MIAMI, FL 33131			Name														
MORA, FEDERICO 1450 BRICKELL BAY DR #504 MIAMI, FL 33131			Street Address (P.O. Box Number is Not Acceptable)														
MORA, FEDERICO 1450 BRICKELL BAY DR #504 MIAMI, FL 33131			City														
MORA, FEDERICO 1450 BRICKELL BAY DR #504 MIAMI, FL 33131			FL														
MORA, FEDERICO 1450 BRICKELL BAY DR #504 MIAMI, FL 33131			Zip Code														
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)																	
Signature, typed or printed name of registered agent and title if applicable.																	
DATE																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00																	
9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																	
10. OFFICERS AND DIRECTORS																	
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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: _____																	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																	
Date																	
Daytime Phone #																	