FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED 192

06 MAR -8 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000074112

1. Entity Name

STEP BY STEP STAGE, CORP.

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REINSTATEMENT 05-06

2. Principal Place of Business	3. Mailing Address
7225 NW 25TH ST	
Suite, Apt. #, etc.: SUITE 300	Suite, Apt. #, etc.
City & State: Miami FL	City & State
Zip: 33122 Country: USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number — ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: TOMAS MESA

Street Address (P.O. Box Number is Not Acceptable)

7225 NW 25TH ST SUITE 300

City: MIAMI FL Zip Code: 33122

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: Tomas Mesa 000068109310

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required if changing 06-01023-03 DATE: 3/8/06

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TOMAS MESA
STREET ADDRESS	7225 NW 25TH ST - STE 300
CITY-ST-ZIP	MIAMI FL 33122
TITLE	V
NAME	GUILLERMO RODRIGUEZ
STREET ADDRESS	7225 NW 25TH ST - STE 300
CITY-ST-ZIP	MIAMI FL 33122
TITLE	S
NAME	RUBEN CADALLAN
STREET ADDRESS	7225 NW 25TH ST - STE 300
CITY-ST-ZIP	MIAMI FL 33122
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E048 (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Tomas Mesa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of $300.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2005-2006 or any other notice from the Division of Corporations in respect with the Corporation **STEP BY STEP STAGE, CORP.**

Thank you for your courtesy in this matter.

Tomas Mesa

TOMAS MESA
PRESIDENT