

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED 192

DOCUMENT # 704000074112

1. Entity Name

STEP BY STEP STAGE, CORP.



06 MAR -8 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 05-06

2. Principal Place of Business

7225 NW 25TH ST

Suite, Apt. #, etc.

SUITE 300

City & State

Miami FL

Zip

33122

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

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, last or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required for reinstatement. 06-01023-031 DATE: 3/11/10

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	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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

Exhibit Form 1

CR200348 (12/02)

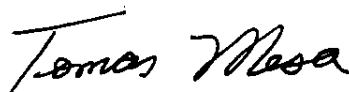
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Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

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
PRESIDENT