

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000080426

Entity Name: STEP MILES, INC.

FILED
Mar 23, 2009
Secretary of State

Current Principal Place of Business:

4349 SHERIDAN AVE. #7
MIAMI BEACH, FL 33140 US

Current Mailing Address:

4349 SHERIDAN AVE. #7
MIAMI BEACH, FL 33140 US

New Principal Place of Business:

4349 SHERIDAN AVE.
STE.7
MIAMI BEACH, FL 33140 US

New Mailing Address:

4349 SHERIDAN AVE.
STE.7
MIAMI BEACH, FL 33140 US

FEI Number: 38-3702371

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACAIONE, MILENA
4349 SHERIDAN AVE. #7
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

MACAIONE, MILENA
4349 SHERIDAN AVE.
STE.7
MIAMI BEACH, FL 33140 US

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.

SIGNATURE:

03/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: MACAIONE, MILENA
Address: 4349 SHERIDAN AVE. #7
City-St-Zip: MIAMI BEACH, FL 33140

Title: VS () Delete
Name: MOAL, GREGORY
Address: 4349 SHERIDAN AVE. #7
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: MACAIONE, MILENA
Address: 4349 SHERIDAN AVE., STE.7
City-St-Zip: MIAMI BEACH, FL 33140

Title: VS (X) Change () Addition
Name: MOAL, GREGORY
Address: 4349 SHERIDAN AVE., STE.7
City-St-Zip: MIAMI BEACH, FL 33140

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MILENA MACAIONE

P

03/23/2009

Electronic Signature of Signing Officer or Director

Date