

FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 OCT 23 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000159989	
1. Entity Name JIMYHILDASTEP INC	

Principal Place of Business 1737 SW 8TH STREET MIAMI, FL 33135	Mailing Address 1737 SW 8TH STREET MIAMI, FL 33135
--	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

REINSTATEMENT 07

6. Name and Address of Current Registered Agent NURYS AVILA 1737 SW 8TH STREET MIAMI, FL 33135
--

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 *Nurys Avila*
Signature, printed or typed name of registered agent and the filer, if applicable

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS						
<table border="1"> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> NURYS AVILA, PD 1737 SW 8TH STREET MIAMI, FLORIDA 33135 </td> <td>☐ Delete</td> </tr> </table>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NURYS AVILA, PD 1737 SW 8TH STREET MIAMI, FLORIDA 33135	☐ Delete		<table border="1"> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> 300111184163 10/23/07--01016--025 **150.00 </td> <td> ☐ Change ☐ Addition </td> </tr> </table>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300111184163 10/23/07--01016--025 **150.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NURYS AVILA, PD 1737 SW 8TH STREET MIAMI, FLORIDA 33135	☐ Delete						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300111184163 10/23/07--01016--025 **150.00	☐ Change ☐ Addition						
<table border="1"> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td>☐ Delete</td> </tr> </table>	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		<table border="1"> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td> ☐ Change ☐ Addition </td> </tr> </table>	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition						
<table border="1"> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td>☐ Delete</td> </tr> </table>	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		<table border="1"> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td> ☐ Change ☐ Addition </td> </tr> </table>	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition						
<table border="1"> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td>☐ Delete</td> </tr> </table>	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		<table border="1"> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td> ☐ Change ☐ Addition </td> </tr> </table>	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition						
<table border="1"> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td>☐ Delete</td> </tr> </table>	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		<table border="1"> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td> ☐ Change ☐ Addition </td> </tr> </table>	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Nurys Avila*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/07

October 9, 2007

JIMYHILDASTEP, INC.
1737 SW 8TH ST
MIAMI, FL 33135

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

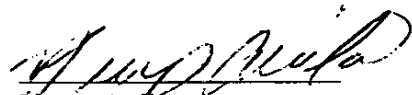
REF.: Document No. P04000159989

Dear Sir or Madam:

As per our telephone conversation, enclosed please find the 2007 Annual Business Report and one check totaling the amount of \$150.00 to cover the annual fees for the period mentioned before. Please note that I never receive the renewal form.

Please, excuse my oversight on this matter. Thank you for your help.

Sincerely,


Nurys Avila