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FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 OCT 23 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 07

DOCUMENT # P04000159989

1. Entity Name

JIMYHILDASTEP INC

Principal Place of Business	Mailing Address
1737 SW 8TH STREETE MIAMI, FL 33135	1737 SW 8TH STREET MIAMI, FL 33135
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-1918399 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NURYS AVILA 1737 SW 8TH STREET MIAMI, FL 33135	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 [signature]
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

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	
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	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 300111194163 10/23/07--01016--029 **150.00
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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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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