

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000059753

**FILED**  
**Apr 05, 2011**  
**Secretary of State**

**Entity Name:** STEP BY STEP MULTI-PROFESSIONAL SERVICES, INC.

**Current Principal Place of Business:**

4316 NW 2ND AVENUE  
MIAMI, FL 33127

**New Principal Place of Business:**

**Current Mailing Address:**

4316 NW 2ND AVENUE  
MIAMI, FL 33127

**New Mailing Address:**

1031 NW 136 STREET  
MIAMI, FL 33168

**FEI Number:** 27-0800926

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRUSSON, CLAUDE  
4316 NW 2ND AVENUE  
MIAMI, FL 33127 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** BRUSSON, CLAUDE  
**Address:** 4316 NW 2ND AVENUE  
**City-St-Zip:** MIAMI, FL 33127

**Title:** VD  
**Name:** BRUSSON, ROMILDA  
**Address:** 4316 NW 2ND AVENUE  
**City-St-Zip:** MIAMI, FL 33127

**Title:** TD  
**Name:** ESCARMENT, MARIE ANDRE  
**Address:** 4316 NW 2ND AVENUE  
**City-St-Zip:** MIAMI, FL 33127

I hereby 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 all other like empowered.

**SIGNATURE:** CLAUDE BRUSSON

PD

04/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date