


**2004 FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000069764</b> 1. Entity Name ALL STEP SALES AND MARKETING, INC.		
Principal Place of Business 4747 NOB HILL RD SUITE #16 SUNRISE, FL 33351 US	Mailing Address 4747 NOB HILL RD SUITE #16 SUNRISE, FL 33351 US	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  SCHLOSS, LESLIE 4747 NOB HILL RD SUITE #16 SUNRISE, FL 33351		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHLOSS, DAVID 4747 NOB HILL RD #16 SUNRISE, FL 33351	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHLOSS, LESLIE 4747 NOB HILL RD #16 SUNRISE, FL 33351	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>David Schloss, President</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>DAVID SCHLOSS</u> 1/7/04 (954) 247-7170 <small>Day Daytime Phone #</small>



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 22-3214285	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

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01/12/04-80004-025 150.00

**DO NOT WRITE  
IN THIS SPACE**