2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Jan 28, 2004 8:00 am **Secretary of State** DOCUMENT # P97000071439 1. Entity Name: 01-28-2004 90001 001 ***150.00 MY FIRST STEPS OF BRADENTON INC. Principal Place of Business Mailing Address 3815 26 ST. WEST 3815 26 ST. WEST **BRADENTON FL 34205 BRADENTON FL 34205** 2. Principal Place of Business 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #, etc. , CR2E034 (11/03) MOORE City & State City & State Applied For 4. FEI Number 65-0774156 Not Applicable Zin Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PONCE, MARIA Street Address (P.O. Box Number is Not Acceptable) 4226 52ND PLACE WEST N-205 **BRADENTON FL 34210** 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Change ☐ Addition Delete TITI F FREIRE, MABLE NAME NAME STREET ADDRESS 4407 57TH AVENUE WEST STREET ADDRESS **BRADENTON FL 34210** CITY-ST-ZIP CITY-ST-7tP ☐ Addition TITLE ☐ Delete TITLE PIOVERA, CARINA NAME STREET ADDRESS 2319 45 ST E STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34208** CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete NAME -- --NAME PONCE, CRISTINA - -STREET ADDRESS 4226 52ND PLACE WEST N. 205 STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34210** CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition PONCE, MARIA NAME NAME 4226 52ND PLACE W. N-205 STREET ADDRESS STREET ADDRESS **BRADENTON FL 34210** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trostee 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.

FILED