


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90104 008 \*\*\*158.75

|  |   |
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| <b>DOCUMENT # P98000067211</b>             |  |
| 1. Entity Name<br><b>MICRO STEPS, INC.</b> |   |

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| Principal Place of Business<br><b>8130 NW 58TH STREET<br/>SUITE 204<br/>DORAL, FL 33166 US</b> | Mailing Address<br><b>8130 NW 58TH STREET<br/>SUITE 204<br/>DORAL, FL 33166 US</b> |
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|--|--|
| 2. Principal Place of Business - No P.O. Box #<br><b>2121 PONCE DE LEON BLVD</b> | 3. Mailing Address<br><b>2121 PONCE DE LEON BLVD</b> |
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|   |   |
|---|---|
| Suite, Apt. #, etc.<br><b>SUITE 910</b> | Suite, Apt. #, etc.<br><b>SUITE 910</b> |
|---|---|

|   |   |
|---|---|
| City & State<br><b>CORAL GABLES, FL</b> | City & State<br><b>CORAL GABLES, FL</b> |
|---|---|

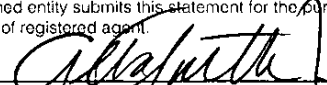
|                     |                       |                     |                       |
|---------------------|-----------------------|---------------------|-----------------------|
| Zip<br><b>33134</b> | Country<br><b>USA</b> | Zip<br><b>33134</b> | Country<br><b>USA</b> |
|---------------------|-----------------------|---------------------|-----------------------|

01122007 Chg-P CR2E034 (12/06)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>65-0856599</b> | Applied For<br><input type="checkbox"/>    |
|                                    | Not Applicable<br><input type="checkbox"/> |

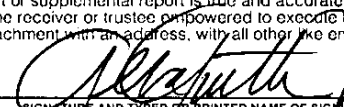
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|--|---------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|--|---------------------------------------|

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|--|--|--|--|
| 6. Name and Address of Current Registered Agent                                |  | 7. Name and Address of New Registered Agent  |  |
| <b>OCHOA, ALBA J<br/>8130 NW 58TH STREET<br/>SUITE 204<br/>DORAL, FL 33166</b> |  | Name<br><b>OCHOA, ALBA J</b>   |  |
|  |  | Street Address (P.O. Box Number is Not Acceptable)<br><b>2121 PONCE DE LEON BLVD</b> |  |
|  |  | <b>SUITE 910</b>   |  |
|  |  | City<br><b>CORAL GABLES</b> <b>FL</b> Zip Code<br><b>33134</b>                       |  |

|   |                                     |
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| 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    | <b>ALBA J OCHOA</b> <b>01/15/07</b> |
| <small>Signature, typed or printed name of Registered Agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>   |                                     |

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|---|---|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
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| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S/D<br><b>OCHOA, ALBA J</b><br><b>8130 NW 58TH STREET #204</b><br><b>DORAL, FL 33166</b> <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | S/D<br><b>OCHOA, ALBA J</b><br><b>2121 PONCE DE LEON BLVD #910</b><br><b>CORAL GABLES, FL 33134</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P/D<br><b>SALINAS, EUGENIA</b><br><b>8130 NW 58TH STREET #204</b><br><b>DORAL, FL 33166</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | P/D<br><b>SALINAS, EUGENIA</b><br><b>2121 PONCE DE LEON BLVD #910</b><br><b>CORAL GABLES, FL 33134</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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:    | <b>ALBA J OCHOA</b> | <b>01/15/07</b>     | <b>305-446-3505</b>            |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                     | <small>Date</small> | <small>Daytime Phone #</small> |