2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Modify Address September	DOCUMENT # P99000090445 1. Entity Name STEP STEAM IT CORP.						FILED 06 MAR 23 AM 8: 15					
MIMMI, FL 33166 MIAMI, FL 33166 Subm. Apt. #. etc. Subm. Apt. #. etc. Subm. Apt. #. etc. Subm. Apt. #. etc. Cry & State Country Country Country Submit Country Submi	Principal Place of Business Mailing Address							51.15	n. li s	* A T.T		
MIAMI, FL 33166							TALLAHASOFF FRODINA					
Suite, Apt. 4, etc. Suite	1	3166		· ·								
City & State	Principal Place of Business			3. Mailing Address								
Second S	Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.			03212006	Chg-P	CR2E034 (11/05)		
S. Certification of Stants Decired Fee Required	. City & Stat	e	City	City & State								
PEREZ, AYMEE 7220 SW 124 ST MIAMI, FL 33156 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. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with and accept the obligation of registered agent, or both, in the State of Florida. Lam familiar with and accept the obligation of Florida. Lam familiar with and accept the obligation of Florida. Lam familiar with and accept the ob	Zip	Country Zip Cour			Country		5. Certificate	of Status Desired				
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		6. Name and Address	of Current Registere	d Agent	Na							
Amended AR is \$61.25 Signature toped or printed agent and the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	PEREZ, A	YMEE				TVG/TC						
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida. Tam familiar with, and accept the obligations or registered agent. SIGNATURE Signature, typed or criteria name of registered agent are also a societable. NOTE Registered Agent agrature registered agent, or both, in the State of Rorida. Tam familiar with, and accept the obligations or registered agent. OTE		7220 SW 124 ST					Street Address (P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent. SIGNATURE					Cit	y			FI	Zip Code		
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10.				**************************************								
10.		Signature, typed or printed name of re	egistered agent and title il appr	cable, (NOTE:	Registored Agent	signature required	when reinstating)		DATE			
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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.	indicated of the co	I on this report or supplement reporation or the receiver or t	rital report is true and a rustee empowered to	accurate and that mexecute this report a	y signature s	hall have the	same legal effe	ct as if made under o	ath; that I am a	in officer o	or director	
SIGNATURE: /14 more Rlun (resident) 03/21/06 305-889-2730	SIGNAT	2130										