


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90278 013 ***150.00

DOCUMENT # P02000074887

1. Entity Name
BABY, CHILDREN & FAMILY INC.



Principal Place of Business Mailing Address

11460 SW QUAIL ROOST DR. **11862 SW 187 TERR.**
MIAMI, FL 33159 **MIAMI, FL 33177**

20041688



2. Principal Place of Business 3. Mailing Address

11460 SW Quail Roost Dr Suite, Apt. #, etc.

04182005 Chg-P CR2E034 (10/03)

City & State City & State

Miami, FL City & State

Zip Country

33157 **USA**

4. FEI Number Applied For

46-0489745 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VAZQUEZ, NESTOR A 11862 SW 187 TERR MIAMI, FL 33177	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City FL Zip Code

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 _____ DATE _____

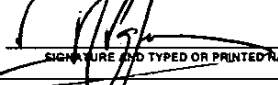
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

~~FILE NOW WITH FEE IS \$150.00~~ ~~9. Election Campaign Financing Trust Fund Contribution.~~ ~~\$5.00 May Be Added to Fees~~

After May 1, 2005 Fee will be \$550.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSVT VAZQUEZ, NESTOR A 11862 SW 187 TERR MIAMI, FL 33177 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVAREZ, TERESA 11862 SW 187 TERR. MIAMI, FL 33177 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **Nestor A. Vazquez** **04-19-05** **(305)-238-6404**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #