## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

## Apr 23, 2007 8:00 am Secretary of State **DOCUMENT # P02000074887** 04-23-2007 90252 005 \*\*\*150.00 1. Entity Name BABY, CHILDREN & FAMILY INC. 4001000 Principal Place of Business Mailing Address 11460 SW QUAIL ROOST DR. 11862 SW 187 TERR. MIAMI, FL 33157 MIAMI, FL 33177 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04172007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 46-0489745 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VAZQUEZ, NESTOR A Street Address (P.O. Box Number is Not Acceptable) 11862 SW 187 TERR MIAMI, FL\_33177 64 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSVT TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME VAZQUEZ, NESTOR A NAME STREET ADDRESS 11862 SW 187 TERR STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33177 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition ALVAREZ, TERESA NAME 11862 SW 187 TERR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33177 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS

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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.

CER OR DIRECTOR

04-20 - 2007 Date