

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000000800

Entity Name: BETTER BABY, INC.**Current Principal Place of Business:**3956 TOWN CENTER BLVD., STE 457
ORLANDO, FL 32837**Current Mailing Address:**3956 TOWN CENTER BLVD., STE 457
ORLANDO, FL 32837 US**FEI Number:** 81-4885145**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEGALCORP SOLUTIONS, LLC
3440 W HOLLYWOOD BLVD. SUITE 415
HOLLYWOOD, FL 33021 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	GOMEZ, ARISELIS
Address	3956 TOWN CENTER BLVD., STE 457
City-State-Zip:	ORLANDO FL 32837

Title	SEC
Name	GOMEZ, ARISELIS
Address	3956 TOWN CENTER BLVD., STE 457
City-State-Zip:	ORLANDO FL 32837

Title	DIR
Name	GOMEZ, ARISELIS
Address	3956 TOWN CENTER BLVD., STE 457
City-State-Zip:	ORLANDO FL 32837

Title	TREA
Name	SICILIANO, MICHAEL
Address	3956 TOWN CENTER BLVD., STE 457
City-State-Zip:	ORLANDO FL 32837

Title	VP
Name	SICILIANO, MICHAEL
Address	3956 TOWN CENTER BLVD., STE 457
City-State-Zip:	ORLANDO FL 32837

Title	DIR
Name	SICILIANO, MICHAEL
Address	3956 TOWN CENTER BLVD., STE 457
City-State-Zip:	ORLANDO FL 32837

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ARISELIS GOMEZ**PRESIDENT****04/23/2018**

Electronic Signature of Signing Officer/Director Detail

Date