


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # 280754 1. Entity Name LAVIN BABY CENTER, INC.	
--	---

Principal Place of Business 3604 N W 7TH STREET MIAMI, FL 33125	Mailing Address 3604 N W 7TH STREET MIAMI, FL 33125
---	---

DO NOT WRITE IN THIS SPACE



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1053560	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent GUILLERMO, A. RAMOS 8871 SW 132 STREET MIAMI, FL 33176	DO NOT WRITE IN THIS SPACE
--	---------------------------------------

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) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RAMOS, GRISEL 15523 SW 39 STREET MIAMI, FL 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RAMOS, GUILLERMO A. 15523 SW 39 STREET MIAMI, FL 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAMOS, GRISEL 15523 SW 39 STREET MIAMI, FL 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAMOS, GUILLERMO A 15523 SW 39 STREET MIAMI, FL 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000324703
04/22/05-80106-003 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 the empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-05 305-251-2229