


**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      Mailing Address  
**3604 N W 7TH STREET**      **3604 N W 7TH STREET**  
**MIAMI, FL 33125**              **MIAMI, FL 33125**

**DO NOT WRITE IN THIS SPACE**



01122005    No Chg-P    CR2E034 (10/03)

4. FEI Number  
**59-1053560**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**GUILLERMO, A. RAMOS**  
**8871 SW 132 STREET**  
**MIAMI, FL 33176**

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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 \_\_\_\_\_ (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	SD
NAME	RAMOS, GRISEL
STREET ADDRESS	15523 SW 39 STREET
CITY - ST - ZIP	MIAMI, FL 33185
TITLE	VPD
NAME	RAMOS, GUILLERMO A.
STREET ADDRESS	15523 SW 39 STREET
CITY - ST - ZIP	MIAMI, FL 33185
TITLE	VP
NAME	RAMOS, GRISEL
STREET ADDRESS	15523 SW 39 STREET
CITY - ST - ZIP	MIAMI, FL 33185
TITLE	P
NAME	RAMOS, GUILLERMO A
STREET ADDRESS	15523 SW 39 STREET
CITY - ST - ZIP	MIAMI, FL 33185
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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)(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 empowers.

SIGNATURE:       4-18-05      305-251-2229

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