


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90391 030 ***150.00

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**

2. Principal Place of Business 3. Mailing Address
8871 SW 132 Street **Same.**

Suite, Apt. #, etc. Suite, Apt. #, etc.
Miami Florida _____

City & State City & State
33176 _____

Zip Country Zip Country
USA _____

400000



03302006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-1053560 Not Applicable

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

6. Name and Address of Current Registered Agent

GUILLERMO, A. RAMOS
8871 SW 132 STREET
MIAMI, FL 33176

7. Name and Address of New Registered Agent

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!!! - FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	RAMOS, GRISEL	
STREET ADDRESS	15523 SW 39 STREET	
CITY-ST-ZIP	MIAMI, FL 33185	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	RAMOS, GUILLERMO A.	
STREET ADDRESS	15523 SW 39 STREET	
CITY-ST-ZIP	MIAMI, FL 33185	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RAMOS, GRISEL	
STREET ADDRESS	15523 SW 39 STREET	
CITY-ST-ZIP	MIAMI, FL 33185	
TITLE	P	<input type="checkbox"/> Delete
NAME	RAMOS, GUILLERMO A	
STREET ADDRESS	15523 SW 39 STREET	
CITY-ST-ZIP	MIAMI, FL 33185	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:  **Guillermo A. Ramos** **4-24-06** **305-251-2225**
Signature and typed or printed name of signing officer or director Date Daytime Phone #