

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 425959**

1. Entity Name  
**BABY LOVE, INC.**



Principal Place of Business  
**8100 W OAKLAND PK BLVD  
SUNRISE, FL 33351 US**

Mailing Address  
**8100 W OAKLAND PK BLVD  
SUNRISE, FL 33351 US**

**DO NOT WRITE IN THIS SPACE**



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-1460470**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KOMROFF, PETER  
8100 W OAKLAND PK BLVD  
SUNRISE, FL 33351**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME KOMROFF, PETER  
STREET ADDRESS 11015 NW 64 DR  
CITY-ST-ZIP POMPANO BEACH, FL 33076

TITLE SD  
NAME KOMROFF, BARBARA  
STREET ADDRESS 11015NW 64 DR  
CITY-ST-ZIP POMPANO BEACH, FL 33076

TITLE VPD  
NAME KOMROFF, ELLIOT  
STREET ADDRESS 5424 NW 121ST AVE.  
CITY-ST-ZIP POMPANO BEACH, FL 33076

TITLE VPD  
NAME KOMROFF, LAWRENCE  
STREET ADDRESS 3321 NW 101ST AVE  
CITY-ST-ZIP POMPANO BEACH, FL 33065

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000012521  
01/26/04-80013-015 150.00

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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)(l), 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 officer-like empowered.

SIGNATURE: Peter Komroff **PETER KOMROFF** 1/20/04 954-741-1212  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #