

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 425959

Entity Name: BABY LOVE, INC.

FILED  
Jun 29, 2005  
Secretary of State

## Current Principal Place of Business:

8100 W OAKLAND PK BLVD  
SUNRISE, FL 33351 US

## New Principal Place of Business:

## Current Mailing Address:

8100 W OAKLAND PK BLVD  
SUNRISE, FL 33351 US

## New Mailing Address:

FEI Number: 59-1460470

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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

06/29/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: KOMROFF, PETER,  
Address: 11015 NW 64 DR  
City-St-Zip: POMPANO BEACH, FL 33076

Title: SD ( ) Delete  
Name: KOMROFF, BARBARA,  
Address: 11015NW 64 DR  
City-St-Zip: POMPANO BEACH, FL 33076

Title: VPD ( ) Delete  
Name: KOMROFF, ELLIOT  
Address: 5424 NW 121ST AVE.  
City-St-Zip: POMPANO BEACH, FL 33076

Title: VPD ( ) Delete  
Name: KOMROFF, LAWRENCE  
Address: 3321 NW 101ST AVE  
City-St-Zip: POMPANO BEACH, FL 33065

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PETER KOMROFF

PRES

06/29/2005

Electronic Signature of Signing Officer or Director

Date