



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # 425959 1. Entity Name BABY LOVE, INC.	
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Principal Place of Business 8100 W OAKLAND PK BLVD SUNRISE, FL 33351 US	Mailing Address 8100 W OAKLAND PK BLVD SUNRISE, FL 33351 US
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DO NOT WRITE IN THIS SPACE



04142008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1460470	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOMROFF, PETER 11015 NW 64 DR POMPANO BEACH, FL 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KOMROFF, BARBARA 11015NW 64 DR POMPANO BEACH, FL 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KOMROFF, ELLIOT 5424 NW 121ST AVE. POMPANO BEACH, FL 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KOMROFF, LAWRENCE 3321 NW 101ST AVE POMPANO BEACH, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/09/08-80013-002 150.00

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: *Elliot Komroff* **Elliot Komroff** **41868** **954-741-2227**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #