


**2005 FOR PROFIT CORPORATION
REINSTATEMENT**

FILED

05 APR -1 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K41080
1. Entity Name
BABY BROTHERS CORPORATION



Principal Place of Business Mailing Address
% NELSON MARTINEZ % NELSON MARTINEZ
871 5TH STREET S.W. 871 5TH STREET S.W.
NAPLES, FL 33964-2288 NAPLES, FL 33964-2288

2. Principal Place of Business 3. Mailing Address
871 5th St. SW *871 5th St. SW*

City & State City & State
Naples *NAPLES*

City & State City & State
FLA. *FLA.*

Zip Zip Country
34117-2288 *34117-2288* *Collier*



REINSTATEMENT 04-05

4. FEI Number 65-0134721

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

6. Name and Address of Current Registered Agent
MARTINEZ, NELSON
871 5TH STREET S.W.
NAPLES, FL ~~33964~~ *34117-2288*

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

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MARTINEZ, NELSON	
STREET ADDRESS	871 5TH STREET	
CITY - ST - ZIP	NAPLES FL,	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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 checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP	<i>34117-2288</i>	
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 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 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 information.
SIGNATURE: *Nelson Martinez* *3/31/05*
Signature typed or printed name of signing officer or director Date Daytime Phone #

TO WHOM IT MAY CONCERN:

THIS IS TO CONFIRM THAT I NEVER RECEIVED THE corporate Annual Returns for 2004 or 2005 for the following corporations:

BABY BROTHERS CORPORATION

G.D.N.P. MORTGAGE CORPORATION

This is to advise you that it appears that the zip code is incorrect in both of the corporations. I am enclosing a copy of my driver's license to prove the correct zip code.

Thank you,

~~Nelson Martinez~~
Nelson Martinez