

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2008 8:00 am**  
**Secretary of State**

02-12-2008 90013 002 \*\*\*\*70.00

<b>DOCUMENT # N07000001699</b>					
<b>1. Entity Name</b> THE INVISIBLE CHILD CORP.					
<b>Principal Place of Business</b> 110 E BROWARD BLVD SUITE 1700 FORT LAUDERDALE, FL 33301			<b>Mailing Address</b> 110 E BROWARD BLVD SUITE 1700 FORT LAUDERDALE, FL 33301		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02042008    Chg-NP    CR2E037 (12/06)	
<b>4. FEI Number</b> 20-B548592				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>				<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  FORM-A-CORP, INC. 4400 PGA BLVD SUITE 900 PALM BEACH GARDENS, FL 33410			<b>7. Name and Address of New Registered Agent</b>		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P	<b>NAME</b> STREHLER, GABRIELA		<b>TITLE</b> M	<b>NAME</b> JUAN CARLOS HERRERA	
<b>STREET ADDRESS</b>	110 E BROWARD BLVD, SUITE 1700		<b>STREET ADDRESS</b>	4758 NW 22ND ST.	
<b>CITY - ST - ZIP</b>	FORT LAUDERDALE, FL 33301		<b>CITY - ST - ZIP</b>	COCONUT CREEK, FL 33063	
<b>TITLE</b> V	<b>NAME</b> RATASSEPP, ERIK		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	110 E BROWARD BLVD, SUITE 1700		<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>	FORT LAUDERDALE, FL 33301		<b>CITY - ST - ZIP</b>		
<b>TITLE</b> T	<b>NAME</b> ALLA, DESIRE		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	110 E BROWARD BLVD, SUITE 1700		<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>	FORT LAUDERDALE, FL 33301		<b>CITY - ST - ZIP</b>		
<b>TITLE</b> S	<b>NAME</b> MORENO, GABRIELA		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	110 E BROWARD BLVD, SUITE 1700		<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>	FORT LAUDERDALE, FL 33301		<b>CITY - ST - ZIP</b>		
<b>TITLE</b>	<b>NAME</b>		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>			<b>CITY - ST - ZIP</b>		
<b>TITLE</b>	<b>NAME</b>		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>			<b>CITY - ST - ZIP</b>		
<b>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 617, 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.</b>					
<b>SIGNATURE:</b> <u>ERIK RATASSEPP</u> 2/4/08    954-636-8365					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					