

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90024 022 ***150.00

DOCUMENT # P02000093430



1. Entity Name

STAR BABIES, CORP

Principal Place of Business

9805 NW 52ND STREET
APT. 405
MIAMI FL 33178
US

Mailing Address

9805 NW 52ND STREET
APT. 405
MIAMI FL 33178
US

02000173



MOORE CR2E034 (11/03)

2. Principal Place of Business

77 HOOK SQUARE

Suite, Apt. #, etc.

3. Mailing Address

77 HOOK SQUARE

Suite, Apt. #, etc.

City & State

MIAMI SPRINGS FL

City & State

MIAMI SPRINGS FL

Zip

33166

Country

USA

Zip

33166

Country

USA

4. FEI Number

56-2291364

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ESBER, ROSARIO
9805 NW 52ND STREET
APT. 405
MIAMI FL 33178

7. Name and Address of New Registered Agent

Name ROSARIO ESBER

Street Address (P.O. Box Number is Not Acceptable)

77 HOOK SQUARE

City MIAMI SPRINGS

FL

Zip Code 33166

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State.

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME ESBER, ROSARIO
STREET ADDRESS 9805 NW 52ND STREET, APT. 405
CITY-ST-ZIP MIAMI FL 33178

TITLE D ☐ Delete
NAME MARRERO, JOSE L
STREET ADDRESS 9805 NW 52ND STREET, APT. 405
CITY-ST-ZIP MIAMI FL 33178

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 empowered.

SIGNATURE:

Rosario Esber

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/04

Date

(305) 888-2122

Daytime Phone #