

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000098584
1. Entity Name
BABY'S TWO CONSIGNMENT AND RENTALS, INC.



Principal Place of Business: 1728 SE PORT ST. LUCIE BLVD. PORT ST. LUCIE, FL 34952
Mailing Address: 1728 SE PORT ST. LUCIE BLVD. PORT ST. LUCIE, FL 34952

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04212005 No Chg-P CR2E034 (10/03)

4. FEI Number: 16-1627571 Applied For: Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
COPE, JULIA
1538 SE CROWBERRY DR.
PORT ST. LUCIE, FL 34983

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	COPE, JULIA
STREET ADDRESS	1538 SE CROWBERRY DR
CITY-ST-ZIP	PORT ST LUCIE, FL 34983
TITLE	V
NAME	COPE, JEREMY P
STREET ADDRESS	1538 SE CROWBERRY DR
CITY-ST-ZIP	PORT ST LUCIE, FL 34983
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Julia Cope 4/23/2005 337-5344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #