

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000003756

Entity Name: OVATIONS BABY, INC.

FILED  
Sep 10, 2004  
Secretary of State

## Current Principal Place of Business:

4660 123RD TRAIL NORTH  
ROYAL PALM BEACH, FL 33411

## New Principal Place of Business:

616 CROSS CREEK DRIVE  
SEBASTIAN, FL 32958

## Current Mailing Address:

4660 123RD TRAIL NORTH  
ROYAL PALM BEACH, FL 33411

## New Mailing Address:

616 CROSS CREEK DRIVE  
SEBASTIAN, FL 32958

FEI Number: 26-0067140

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COBAS, ROBIN M  
4660 123RD TRAIL NORTH  
ROYAL PALM BEACH, FL 33411 US

## Name and Address of New Registered Agent:

COBAS, ROBIN M  
616 CROSS CREEK DRIVE  
SEBASTIAN, FL 32958 US

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.

SIGNATURE: ROBIN M COBAS

09/10/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVPS ( ) Delete  
Name: COBAS, ROBIN M  
Address: 4660 123RD TRAIL NORTH  
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVPS (X) Change ( ) Addition  
Name: COBAS, ROBIN M  
Address: 616 CROSS CREEK DRIVE  
City-St-Zip: SEBASTIAN, FL 32958 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBIN M COBAS

PRES

09/10/2004

Electronic Signature of Signing Officer or Director

Date