

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2004 8:00 am
Secretary of State

07-21-2004 90023 047 ***150.00

DOCUMENT # P03000136403

1. Entity Name
BABY BOOM MODA INC.



Principal Place of Business
**1907 S. OSPREY AVE
SARASOTA, FL 34239**

Mailing Address
**1907 S. OSPREY AVE
SARASOTA, FL 34239**

54064054



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07132004

Chg-P

CR2E034 (10/03)

4. FEI Number

200 323165

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARAUZ, LUIS
7225 NW 25TH ST
300
MIAMI, FL 33122**

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

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **SANABRIA, LUZ E**
STREET ADDRESS **1907 S. OSPREY AVE**
CITY-ST-ZIP **SARASOTA, FL 34239**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE ☐ Delete
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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
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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 empowerments.

SIGNATURE:

LUZ E SANABRIA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/19/04

941 3622655

Attachment

54064054

Division of Corporations #P03000136403
P. O. Box 6198

To Whom may Concern

~~I want to explaining to you that this~~

~~note the a recide. at the end of June.~~

"the NOTICE of Intent To Dissolve"

I never have any forms before, I never see that

I new in this Business, my Business was
open yes in MARCH of the 2004, and probably
you know that this part of the year IT's very
slow and IT's very difficult for me right now

~~I did call some number to the Division of~~
~~Corporation and the explaining to my that~~
Every year on May we must register the Business
and pay \$150.00.

Please Avoid to pay penalties.

Baby Broom Hoda.