## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 30, 2008 8:00 am Secretary of State

04-30-2008 90206 007 \*\*\*150.00

DOCUMENT	#	P07000122505
DOCUMENT	**	1 0 1 0 0 0 1 2 2 0 0 0

1. Entity Name

BABY BOOMERS BUILDING A BETTER WORLD, INC.



B, B, Boome, to be 125 me may					
Principal Place of Business 9705 SW 133 COURT MIAMI, FL 33186	Mailing Address 9705 SW 133 COURT MIAMI, FL 33186		60035338		
2. Principal Place of Business - No P.O. Box #	3. Mailing Address		T THE REPORT OF THE PARTY OF THE PARTY BEING BEING BEING THE PARTY BEING		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		04082008 Chg-P CR2E034 (12/06)		
City & State	City & State		4. FEI Number   Applied For   Not Applicable		
Zip Country	Zip	Country	5. Certificate of Status Desired   \$8.75 Additional Fee Required		
6. Name and Address of Current	_ll Registered Agent	<del></del> T	7. Name and Address of New Registered Agent		
		Name			
ARZA, HUGO P ESQ. 80 SW 8TH STREET		Street Address	Street Address (P.O. Box Number is Not Acceptable)		
SUITE 1920 MIAMI, FL 33130					
		City	FL Zip Code		
<ol><li>The above named entity submits this statement for the obligations of registered agent.</li></ol>	r the purpose of changing its r	egistered affice or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept		
SIGNATURE Signature, typed of trinited name of registered agent	and telled anatomida (NOTE	Registered Agent signature require	ed when reinstating) OATE		
Signature, typed by the Hearth as the overeduce of agone	and the traditional (1101).	riogiste co rigere ing rate o require	5.112		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.	9. Election Campaiç Trust Fund Contri		5.00 May Be ded to Fees		
10. OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
	Por Delete	HILE	☐ Change ☐ Addition		
NAME DANFORD COHEN	racj.	NAME			
STREET ADDRESS 9705 500 133	<u>-</u> /-	STREET ADDRESS			
TITLE NAME STRET ADDRESS CITY-SI-ZIP  TITLE  SAMPORD COHEN  9705 5W 133  MIAMI, F2 33	186	CITY-ST-ZIP			
DITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS  CHY-SI-ZIP		STREET ADDRESS CITY-ST-ZIP			
		TITLE	☐ Change ☐ Addition		
TITLE NAME	☐ Delete	NAME	Crange C Addition		
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CMY-ST-ZIP			
TIFLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAMÉ			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP	<b></b>	CITY - ST - ZIP			
IIILE	Delete	TITLE NAME	☐ Change ☐ Addition		
NAME		NAME STREET ADDRESS			
STREET ADDRESS  GITY-ST-ZIP		CITY-ST-ZIP			
	h this filing does not qualify for		ed in Chapter 119, Florida Statutes. I further certify that the information		

12. I hereby certify that the information supplied with this filling 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 anofficer 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

SANFORD HE CO HON

4/8/04 30 785-2204

Daytime Phone #