


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2004 8:00 am**  
**Secretary of State**

02-20-2004 90001 007 \*\*\*150.00

<b>DOCUMENT # P93000054958</b>					
<b>1. Entity Name</b> IT'S A BOY IT'S A GIRL, INC.					
<b>Principal Place of Business</b> 3800 WASHINGTON RD #1202 WEST PALM BEACH, FL 33405 US			<b>Mailing Address</b> 3800 WASHINGTON RD #1202 WEST PALM BEACH, FL 33405 US		
<b>2. Principal Place of Business</b> <i>2004 W Lakeview Dr</i> Suite, Apt. #, etc. <i>West Palm Beach</i> City & State <i>FL</i> Zip <i>33411</i> Country <i>U.S</i>		<b>3. Mailing Address</b> <i>2004 W Lakeview Dr</i> Suite, Apt. #, etc. <i>West Palm Beach</i> City & State <i>FL</i> Zip <i>33411</i> Country <i>U.S</i>			
<b>4. FEI Number</b> 65-0440978				01222004 Chg-P CR2E034 (10/03)	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> MARON, BARBARA C 8821 SW 69TH COURT SUITE C MIAMI, FL 33156			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ESCOBAR, GLADYS 2004 WEST LAKEVIEW DRIVE WEST PALM BEACH, FL 33411	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> <i>Gladys Escobar</i> <i>Gladys Escobar</i> <i>1-21-04</i> <i>561-7847641</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					