

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90017 001 \*\*\*158.75

**DOCUMENT # P95000040090**

**1. Entity Name**

**BABY BOOMERS ADULT SERVICE, INC.**



**Principal Place of Business**

**6478 SW 72ND STREET  
MIAMI FL 33143**

**Mailing Address**

**6478 SW 72ND STREET  
MIAMI FL 33143**

**2. Principal Place of Business - No P.O. Box #**

**3. Mailing Address**

**Suite, Apt. #, etc.**

**Suite, Apt. #, etc.**

**City & State**

**City & State**

**Zip**

**Country**

**Zip**

**Country**

**4. FEI Number**

**65-0596884**

**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**

**ROSARIO, AUREA  
7650 SW 64TH COURT  
MIAMI FL 33143**

**Name** *Rosario, Aurea*

**Street Address (P.O. Box Number is Not Acceptable)**

*6480 Sunset Drive*

**City** *Miami*

**FL**

**Zip Code** *33143*

**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**

*Aurea Rosario*

Signature, typed (printed) name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reappointing)

*4-20-08*

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**

**Trust Fund Contribution:**

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** **P** ☐ Delete  
**NAME** **ROSARIO, AUREA**  
**STREET ADDRESS** **7650 SOUTHWEST 61 ST**  
**CITY-ST-ZIP** **MIAMI FL 33143**

**TITLE** **VP** ☐ Delete  
**NAME** **BANNATYA, RICARDO**  
**STREET ADDRESS** **6480 SUNSET DRIVE**  
**CITY-ST-ZIP** **MIAMI FL 33143**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **P** ☒ Change ☐ Addition  
**NAME** **Rosario, Aurea**  
**STREET ADDRESS** **6480 Sunset Drive**  
**CITY-ST-ZIP** **Miami FL 33143**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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 exemptions contained in Section 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 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:**

*Aurea Rosario*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*04-20-08*

Date

*305-282-0856*

Daytime Phone