2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 30, 2004 08:00 AM Secretary of State DOCUMENT # P95000046535 1, Entity Name BABY VILLAGE, INC. Principal Place of Business Mailing Address 3825 DALE MABRY S 3825 DALE MABRY S TAMPA, FL 33611 TAMPA, FL 33611 04272004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3329276 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TORRE, JORGE J DO NOT WRITE 3825 DALE MABRY TAMPA, FL 33611 IN THIS SPACE 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. OTHE TORRE, JORGE J NAME 3222 STONEWATER DR. STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33803 000000314257; 94. 55.04-80587 (15. 150.00 TITLE ORTEGA, ENELIO NAME STREET ADDRESS **521 SUMMIT STREET** CITY-ST-ZIP ENGLEWOOD CLIFFS, NJ 07632 TOTLE MARTINEZ, EDILBERTO STPEET ADDRESS 7 OVERLOOK BLUFF DO NOT WRITE CITY-ST-ZIP MARLBORO, NY 12542 TITLE IN THIS SPACE TORRE, JORGE H NAME STREET ADDRESS 2B 38 ALTURAS FLAMBOYAN CITY-ST-ZIP BAYAMON, PR 00959 TITLE NAME

12. Thereby certify that the information supplied with this filling 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 prexecute 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 others.

SIGNATURE:

STREET ADDRESS
GITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

42664 (813) 831-9929

FILED