


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90043 050 ***150.00

DOCUMENT # P95000046535 1. Entity Name BABY VILLAGE, INC.						
Principal Place of Business 3825 DALE MABRY S TAMPA FL 33611				Mailing Address 3825 DALE MABRY S TAMPA FL 33611		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 986 SUMMERFIELD DR Suite, Apt. #, etc.				
City & State		City & State LAKE LAND FL		4. FEI Number 59-3329276		
Zip 33803		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent TORRE, JORGE J 3825 DALE MABRY TAMPA FL 33611				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) 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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS TORRE, JORGE J 3222 STONEWATER DR. LAKE LAND FL 33803 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 986 SUMMERFIELD DR. LAKE LAND FL 33803	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT ORTEGA, ENELIO 521 SUMMIT STREET ENGLEWOOD CLIFFS NJ 07632 <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	D MARTINEZ, EDILBERTO 7 OVERLOOK BLUFF MARLBORO NY 12542 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WALDORF TOWERS 906 CARDINIA PR 00979	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORRE, JORGE H 2B 38 ALTURAS FLAMBOYAN BAYAMON PR 00959 <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	
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	
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: <u>Jorge J. Torre</u> JORGE J. TORRE, PRESIDENT 3/26/08 (813) 831-9929						