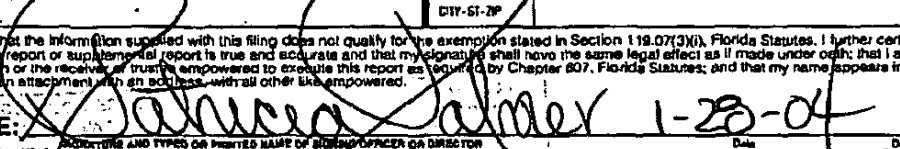


FILED
Mar 05, 2004 8:00 am
Secretary of State

02-20-2004 90015 050 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000099414			
1. Entity Name BOCA BABIES, INC.			
Principal Place of Business 805 NW 2ND AVE BOCA RATON, FL 33432		Mailing Address 805 NW 2ND AVE BOCA RATON, FL 33432	
2. Principal Place of Business 805 N.W. 2ND AVE Suite, Apt. #, etc.		3. Mailing Address 805 N.W. 2ND AVE Suite, Apt. #, etc.	
City & State BOCA RATON, FL		City & State BOCA RATON, FL	
Zip 33432		Zip 33432	
Country U.S.A.		Country U.S.A.	
4. FBI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent PALMER, PATRICIA 805 NW 2ND AVE BOCA RATON, FL 33432		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 re-registering) _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME PALMER, PATRICIA STREET ADDRESS 805 NW 2ND AVE CITY-ST-ZIP BOCA RATON, FL 33432		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), 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 807, 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:  1-23-04			