


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90034 006 ***150.00

DOCUMENT # P97000025357

1. Entity Name
THE BABY SCHOOL COMPANY, INC.



Principal Place of Business Mailing Address

4100 AURORA STREET 4100 AURORA STREET
 B B
 CORAL GABLES, FL 33146 CORAL GABLES, FL 33146

54027345



2. Principal Place of Business 3. Mailing Address

320 N. High Street **320 N. High Street**

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

3rd Floor **3rd Floor**

City & State City & State

West Chester, PA **West Chester, PA**

Zip Country Zip Country

19380 **19380** **USA**

03172004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

65-0773078 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TORNEK, ALEXANDRA M
4100 AURORA STREET
STE B
CORAL GABLES, FL 33146

7. Name and Address of New Registered Agent

Name
Jeff E. Rubin, Esq.

Street Address (P.O. Box Number is Not Acceptable)
1320 So. Dixie Highway, Suite 881

City State Zip

Coral Gables **FL** **33146**

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: *Jeff E. Rubin* DATE: 3/18/04

Signature of the registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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	PD <input type="checkbox"/> Delete	TITLE	Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORNEK, ALEXANDRA M	NAME	
STREET ADDRESS	4100 AURORA STREET UNIT B	STREET ADDRESS	320 N. High Street
CITY-ST-ZIP	CORAL GABLES, FL 33146	CITY-ST-ZIP	West Chester, PA 19380
TITLE	TD <input type="checkbox"/> Delete	TITLE	Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORNEK, SCOTT H	NAME	
STREET ADDRESS	4100 AURORA STREET UNIT B	STREET ADDRESS	320 N. High Street
CITY-ST-ZIP	CORAL GABLES, FL 33146	CITY-ST-ZIP	West Chester, PA 19380
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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.

SIGNATURE: *Alexandra M. Tornek* DATE: 3/24/04 DAYTIME PHONE: 610-918-1888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR