


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90280 021 ***158.75

DOCUMENT # P97000105436

1. Entity Name
BABY-HEAD, INC.



Principal Place of Business
**4000 ISLAND BLVD
 APT #804
 AVENTURA, FL 33160**

Mailing Address
**C/O STUART A. DITSKY CPA PC
 733 THIRD AVE., #1900
 NEW YORK, NY 10017**

94054500



2. Principal Place of Business
2780 NE 183rd ST APT 908

3. Mailing Address
**c/o Stuart A Ditsky CPA PC
 733 Third Ave # 1900**

04132004 Chg-P CR2E034 (10/03)

City & State
N. Miami Beach FL

City & State
New York NY

4. FEI Number
65-0801082

Applied For
 Not Applicable

Zip
33160

Country
USA

Zip
10017

Country
USA

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
GAYNOR, ADAM 4000 ISLAND BLVD APT 804 AVENTURA, FL 33160	Name Adam Gaynor
	Street Address (P.O. Box Number is Not Acceptable) 2780 NE 183rd ST APT 908
	City N. Miami Beach FL
	Zip Code 33160

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	GAYNOR, ADAM <input type="checkbox"/> Delete	TITLE P	Adam Gaynor <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4000 ISLAND BLVD APT 804		STREET ADDRESS 733 Third Ave # 1900	
CITY-ST-ZIP AVENTURA, FL 33160		CITY-ST-ZIP New York NY 10017	
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	
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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 Jeff Lamivoult CPA 4/13/04 310 273 7555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #