

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2004 08:00 AM
Secretary of State

DOCUMENT # M11662 1. Entity Name ROYAL PILLOW CORP.	
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Principal Place of Business 2110 NW 23 AVE. C/O NEMESIO RODRIGUEZ MIAMI, FL 33142 US	Mailing Address 2110 NW 23 AVE. C/O NEMESIO RODRIGUEZ MIAMI, FL 33142 US
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DO NOT WRITE IN THIS SPACE



01232004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2504584	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RODRIGUEZ, NEMESIO 2110 NW 23 AVE. MIAMI, FL 33142

**DO NOT WRITE
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 _____
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RODRIGUEZ, NEMESIO 4050 S.W. 2ND TERRACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSV RODRIGUEZ, BELEN L. 4050 S.W. 2ND TERRACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MIGUEL, RODRIGUEZ 4050 SW 2ND TERR MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/02/04-80056-001 150.00

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IN THIS SPACE**

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: <u>Belén L. Rodriguez</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <u>1-27-04</u> Date	Daytime Phone # <u>(305) 674-3415</u> Daytime Phone #
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