2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000045203

1. Entity Name
LINEN UNIVERSE, INC.

50050824

Principal Place of Business	Mailing Address
5150 N.W. 165TH STREET MIAMI, FL 33014	5150 N.W. 165TH STREET MIAMI, FL 33014

DO NOT WRITE IN THIS SPACE

05032005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-1004746	Not Applicable

5. Certificate of Status Desired ☒   **$8.75** Additional Fee Required

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6. Name and Address of Current Registered Agent

BDAIWI, DIRAR IBRAHIM
5150 N.W. 165TH STREET
MIAMI, FL 33014

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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

FILE NOW!!! FEE IS $550.00 **Due by September 7, 2005**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	BDAIWI, DIRAR IBRAHIM
STREET ADDRESS	5150 N.W. 165TH STREET
CITY-ST-ZIP	MIAMI, FL 33014

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: _____   4/30/05   305-623-0803

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #