


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-05-2004 90192 027 ***150.00

DOCUMENT # P02000087110	
1. Entity Name SPACE MATTRESS, INC.	

Principal Place of Business 1158 SW 1 ST NEW 2570 W 84 ST MIAMI, FL 33130-1011 HIALEAH FL 33016/	Mailing Address 1158 SW 1 ST MIAMI, FL 33130-1011
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04232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0015311	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEYVA, LOURDES
 3641 SW 151 TERR
 MIAMI, FL 33027

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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 _____ (NOTE: Registered Agent Signature required when reinstating) 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOUSORNS, LEYVA → LOURDES LEYVA 3641 SW 161 TERR MIRAMAR, FL 330271011 <i>SPELLING NAME CORRECTION</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUIRANTES, JOSE M 1158 SW 1 ST MIAMI, FL 331301011
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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: *[Signature]* secretary Date: 04-26-04 (305) 545-7777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/6 Phone *