

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000130150

FILED
Apr 23, 2008
Secretary of State

Entity Name: AMERICAN INSTITUTE FOR SLEEP PERFORMANCE, INC.

Current Principal Place of Business:

6175 N.W. 153RD STREET
SUTIE 324
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

6175 N.W. 153RD STREET
SUTIE 324
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: 52-2413969

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERRERA, JOHN
1320 SOUTH DIXIE HIGHWAY, PH 1275
GABLES ONE TOWER
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CASTELLANOS, JORGE E
Address: 6175 NW 153 ST, SUITE 324
City-St-Zip: MIAMI LAKES, FL 33014

Title: VPD () Delete
Name: GONZALEZ, GERARDO
Address: 6175 N.W. 153 STREET, STE 324
City-St-Zip: MIAMI LAKES, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JORGE E CASTELLANOS

PD

04/23/2008

Electronic Signature of Signing Officer or Director

Date