

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000106307

**FILED**  
**Feb 26, 2010**  
**Secretary of State**

**Entity Name:** HOTEL LIQUIDATORS ECONOMIC COMFORT MATTRESS, INC

**Current Principal Place of Business:**

4530 HOFFNER AVE  
ORLANDO, FL 32812

**New Principal Place of Business:**

1375 E OSCEOLA PARKWAY  
KISSIMMEE, FL 34744

**Current Mailing Address:**

4530 HOFFNER AVE  
ORLANDO, FL 32812

**New Mailing Address:**

1375 E OSCEOLA PARKWAY  
KISSIMMEE, FL 34744

**FEI Number:** 26-3851006

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CABRAL, SIMEON R  
4530 HOFFNER AVE  
ORLANDO, FL 32812 US

**Name and Address of New Registered Agent:**

CABRAL, SIMEON R  
1375 E OSCEOLA PARKWAY  
KISSIMMEE, FL 34744 US

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:** SIMEON CABRAL

02/26/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** CABRAL, SIMEON R  
**Address:** 1375 E OSCEOLA PARKWAY  
**City-St-Zip:** KISSIMMEE, FL 34744

I hereby 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 all other like empowered.

**SIGNATURE:** SIMEON CABRAL

PD

02/26/2010

Electronic Signature of Signing Officer or Director

Date