Daytime Phone #

2003 FOR PROFIT CORPORATION

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCU 1. Entity Nam		ESS REP 20	ORAT ORT (ION UBR)	FILED Apr 17, 2003 8:00 an Secretary of State 04-17-2003 90617 049 ***150.00	n 3/5
RUDMAN	'S DEN AND SLEEP SHO	PINC.				
Principal Place of Business 7117 LAKE WORTH ROAD LAKE WORTH FL 33467		Malling Address 7117 LAKE WORTH ROAD LAKE WORTH FL 33467		~ '	10076302	
2. Principal P	lace of Business	3. Mailing Address	3		t I kaasiin olosii loosii olosia siasia sirsii tooki 81011 okaki aloki asaki aloki olosi olosi olosi il I	!
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES	
City & State		City & State			4. FEI Number 59-1592378 Applied For Not Applied	
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired See Required Fee Required	
	6. Name and Address of Curre	nt Registered Agent			7. Name and Address of New Registered Agent	
				Name		
SCHREIBER, CHARLES			,	Street Address (F	ss (P.O. Box Number is Not Acceptable)	
	TH AVENUE, N.			-		_
LAKE WO	RTH FL 33461					
				City	FL Zip Code	
8. The above		for the purpose of chan-	ging its register	ed office or registere	ed agent, or both, in the State of Florida. I am familiar with, and acce	pt
the obligat	ons or registered agent.					مَا
the obligat	केंद्र !	pet and title if applicable	(NOTE: Posietore	ad Anont signature required	subparainstation) DATE	Ā
the obligat	Signature, typed or printed name of registered age	ent and title if applicable.	(NOTE: Registere	id Agent signature required v	when reinstating) DATE	Ā
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