


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # G32598 1. Entity Name AMERICAN BEDDING INDUSTRIES, INC.	
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Principal Place of Business 500 S FALKENBURG ROAD TAMPA, FL 33619 US	Mailing Address 500 S FALKENBURG ROAD TAMPA, FL 33619 US
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04222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2279080	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ANTINORI, STEVEN J 500 S. FALKENBURG RD. TAMPA, FL 33619
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**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**

U000000135420
04/28/04-80059-017 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANTINORI, SANTINO 4924 ST CROIX DR TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ANTINORI, LUTRICIA 4924 ST CROIX DR. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ANTINORI, STEVEN J 500 S. FALKENBURG RD. TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANTINORI, ANTHONY J 500 S. FALKENBURG RD TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.26.04 813.651.2233
Date Daytime Phone #