


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

5/ **Jun 15, 2005 8:00 am**
Secretary of State

05-03-2005 90158 019 ***150.00

DOCUMENT # G39251 1. Entity Name SHELLEY'S CUSHIONS MANUFACTURING, INC.	
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Principal Place of Business 3671 NW 52 ST MIAMI, FL 33142	Mailing Address 3640 N.W. 52ND ST. MIAMI, FL 33142-3244 US
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DO NOT WRITE IN THIS SPACE



04202005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2279853	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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8. Name and Address of Current Registered Agent

**CORPORATE CREATIONS
941 FOURTH STREET #200
MIAMI BEACH, FL 33139**

**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, 2005 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	PTSD MOLLERA, RAUL 3671 NW 52ND STREET MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOLLERA, ARACELIA 3671 NW 52ND STREET MIAMI, FL 33142
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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: *Maria G. Mollera* 6-1-2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #