

FILED
May 15, 2001 8:00 am
Secretary of State

HP4818

[illegible]

DOCUMENT # P00000060807			
1. Entity Name SUPERMATTRESS WAREHOUSE.COM, INC.			
Principal Place of Business 2749 SW 27 AVE MIAMI FL 33133		Mailing Address 2749 SW 27 AVE MIAMI FL 33133	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
SUAREZ, FELIX 2749 SW 27 AVE MIAMI FL 33133			Name
			Street Address
			City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SUAREZ, FELIX 2749 SW 27 AVE MIAMI FL 33133 <input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 6033(c)(2) of the Internal Revenue Code and 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 a signature of the registered agent.			

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Felix Suarez FELIX SUAREZ 4-16-2001 305-886-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)