

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91071 007 ***158.75

DOCUMENT # *P00000 071754*

1. Entity Name

Exotic Sleep Designs, Inc



DO NOT WRITE IN THIS SPACE

94083112

2. Principal Place of Business

Exotic Sleep Designs, Inc P.O. Box 9792

Suite, Apt. #, etc.

101 NE 41st St. Apt #D059

3. Mailing Address

P.O. Box 9792

Suite, Apt. #, etc.

City & State

Oakland Park, FL

City & State

Fort Lauderdale, FL

4. FEI Number

65-1025453

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Alicia Rodriguez-Holland

Street Address (P.O. Box Number is Not Acceptable)

101 NE 41st St.

Apt #D059

City

Oakland Park

FL

Zip Code

33334

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 *Alicia Rodriguez-Holland President*

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

(NOTE: Registered Agent signature required when reinstating)

04/05/04

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<i>PIV; T/S; D/CM</i>
NAME	<i>Alicia Rodriguez-Holland</i>
STREET ADDRESS	<i>101 NE 41st St. Apt #D059</i>
CITY-ST-ZIP	<i>Oakland Park, FL 33334</i>
TITLE	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Alicia Rodriguez-Holland*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/05/04 954/815-0302

Date

Daytime Phone #

CR2E034B (12/02)