## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 07, 2002 8:00 am Secretary of State

DOCUMENT # POSCOCO 75495  1. Entity Name  But pillow, Inc.		05-07-2002 90218 050 ***163.75
DO NOT WRITE IN THIS SPACE		
2. Principal Place of Business    5 1 0 3 5. W. 142nd Ave   5100 5   Suite, Apt. #, etc.   Suite, Apt. #, etc.     City & State   City & City & State   City & City & State   City & Ci	142td Ave.	DO NOT WRITE IN THIS SPACE
City & State For ida Miami, F	lorida Country	4. FEI Number Applied For Not Applied For Not Applicable  5. Certificate of Status Desired No. \$8.75 Additional
33111 1USA 33177 I	USA	Fee Required
7. Name		7. Name and Address of Current Registered Agent
DO NOT WRITE IN THIS SPACE	John	P.O. Box Number is Not Acceptable and Place
	Min m	Florida FL 393191
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.		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE		
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)  January 1 - May 1 Fee is \$150.00  After May 1, Fee is \$550.00  Amended UBR is \$61.25  Make Check Payable to Department of State		
11. OFFICERS AND DIRECTORS		
melanie Lomos Masident NAME 15403 S. W. 142 AVE.	NAME .	70,000
STREET ADDRESS Miami, Florida 3317	STREET ADDRESS CITY-ST-ZIP	
HAME Tohn & Loomos Vice fresident	TITLE NAME	
STREET ADDRESS 14060 STORES OF THE STREET ADDRESS OF THE S	STREET ADDRESS CITY-ST-ZIP	
TITLE William J. Gallury Iran	TITLE .	
STREET ADDRESS SUITE 100	STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE TOTAL SOLUTION	TITLE	
NAME	NAME	IN THIS SPACE
STREET ADDRESS C(TY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	
TITLE	TITLE	
NAME STREET ADDRESS	NAME STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	πne	
NAME STREET ADDRESS	NAME STORES ADDRESS	
CITY-SI-ZIP	STREET ADDRESS CITY-ST-ZIP	
13. I hereby certify that the information supplied with this filing does not qualify for the		tion 119 07/3\mathcal{n} Florida Statutes 1 further certify that the information

13. I nereby 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Mc John John Me Janie Lomos 4-28-02 1-846-843-388