



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90008 027 ***150.00

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|--|---|--|---|---|--|
| DOCUMENT # P00000108551 1. Entity Name PILLOW PLUS MANUFACTURING, INC. | | | |  | |
| Principal Place of Business 2742 NW 170TH STREET MIAMI, FL 33054 | | | | Mailing Address 2742 NW 170TH STREET MIAMI, FL 33054 | |
| 2. Principal Place of Business - No P.O. Box # 515 N.E. 189st. | | 3. Mailing Address 515 N.E. 189st. | |  | |
| Suite, Apt. #, etc. MIAMI, FL | | Suite, Apt. #, etc. MIAMI, FL | | 01092007 Chg-P CR2E034 (12/06) | |
| City & State N. Miami Dch. FL | | City & State N. Miami Dch. FL | | 4. FEI Number 65-1056556 | |
| Zip 33179 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ALEMANY, ROMAN AMADO 2742 NW 170TH STREET MIAMI, FL 33054 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ALEMANY, ROMAN AMADO 2742 NW 170TH STREET MIAMI, FL 33054 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Roman A. Alemany</u> 2/20/07 (305) 652-2218 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |