

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000002807

FILED
Apr 30, 2004
Secretary of State

Entity Name: PABLO MEKIS ARTISAN PILLOWS, INC.

Current Principal Place of Business:

C/O PABLO MEKIS
4195 PARK AVE
COCONUT GROVE, FL 33133

New Principal Place of Business:

C/O PABLO MEKIS
4195 PARK AVENUE
COCONUT GROVE, FL 33133

Current Mailing Address:

C/O PABLO MEKIS
4195 PARK AVE
COCONUT GROVE, FL 33133

New Mailing Address:

C/O PABLO MEKIS
4195 PARK AVENUE
COCONUT GROVE, FL 33133

FEI Number: 01-0574994

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEKIS, PABLO
4195 PARK AVE
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

MEKIS, PABLO
4195 PARK AVENUE
MIAMI, FL 33133 US

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: _____

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MEKIS, PABLO
Address: 4195 PARK AVE
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MEKIS, PABLO
Address: 4195 PARK AVENUE
City-St-Zip: COCONUT GROVE, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PABLO MEKIS

PRES

04/30/2004

Electronic Signature of Signing Officer or Director

Date