## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 23, 2003 8:00 am Secretary of State 05-01-2003 90280 015 \*\*\*150.00

DOCUMENT # P0200087110  1. Entity Name SPACE MATTRESS, INC.					วบบรองออ	
Principal Place of Business Mailing Address 1158 SW 1 ST 1158 SW 1 ST MIAMI FL 33130-1011 MIAMI FL 33130-1			<del></del>			
Principal Place of Business     3. Mailing Add		3. Mailing Address			-	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<u></u> -	CHECK HERE IF MAKING CHANGES	
City & State		City & State			4. FEI Number Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired   \$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent	$\Box$
	OI IDDES-		[- \	lame		~ -
-LEYVA, LOURDES 3641 SW 151 TERR			S	ireet Address (	(P.O. Box Number is Not Acceptable)	
) MIAMI FL	33027					}
			_ [	ity	FL Zip Code	
	enamed entity submits this statement for tions of registered agent.	or the purpose of changing its	registered o	ffice or register	ired agent, or both, in the State of Florida. I am familiar with, and acc	ept
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Age	nt signature required	od when reinstelling) DATE	
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 or Payable to Florida Department o	of State			S. Election Campaign Financing     Trust Fund Contribution.     Added to Fees	3e
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	二。
NAME STREET ADDRESS CITY-SI-ZIP	DP LEYVA, LOURDES 3641 SW 161 ST MIRAMAR FL 33027-1011	☐ Delete	TITLE NAME STREET AD CITY-ST-2	ORESS Ley	pletary Ashange Add  yun Louio-5 415W 161 Tell  RANGE FL 33027-1011	CR2E034 (10/02)
NAME STREET ADDRESS COTY-ST-ZIP	Ples .	☐ Delets	TITLE NAME STREET AD CITY-ST-2	DRESS 3/p	COLORDY TOSEDY LEYUR  WISHOPHER TOSEDY LEYUR  WISW 161 TELRACE  RAMAR, FL 33027-1011	ition 25
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AD CITY-ST-2	DRESS	☐ Change ☐ Add	ition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AD CITY-ST-2	I	☐ Change ☐ Addi	tion
TITLE NAME STREET ADDRESS CITY-S1-ZIP		☐ Delete	TITLE NAME STREET AD CITY-ST-Z		☐ Change ☐ Addi	tion
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADO CITY-SI-Z		☐ Change ☐ Addi	tion
12. I hereby o	ertify that the information supplied with	this filing does not qualify for	the exemption	on stated in Sec	ection 119.07(3)(i), Florida Statutes. I further certify that the information	

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 sowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if, with all other like empowered. Indicated on this report or supplemental report of the corporation or the receiver or truptee en changed, or on an attachment with an address

SIGNATURE: