## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 26, 2007 8:00 am Secretary of State

1. Entity Name A BETTER PILLOW INC						04-09-200	7 9004:	5 050 **	*150.00	
2 icia	e of Business	Mailing Address	<u>!</u>		ĺ					
		274 E 46 ST Hialeah, FL 33013				DAISE FINI DOM DANI GERN	. 4	······	NAMES IN PRO-	
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		03152007	Chg-P	CR2E0	34 (12/05)	1	
City & State		City & State	City & State		4. FEI Number 56-2314530				pplied For lot Applicable	
Zip	Country	Zip	Zip Countr		5. Certificate of Status Desired   \$8.			\$8.75 Ad	iditional	
	6. Name and Address of Current	Registered Agent	stered Agent Name			7. Name and Address of New Registered Agent				
JIMENEZ, VICTORIANO R				Street Address (P.O. Box Number is Not Acceptable)						
274 E 46 S HIALEAH,			Street Address			r is Not Acceptable	·)		<del></del> -	
	·		City				FL	Zip Coc	10	
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										
: Signature, typed or primed name of implicated included the M applicable. (NOTE: Registered Agent eignature required when retreating)  CATE										
FILE NOWIII FEE 18 \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.										
10.	OFFICERS AND	DIRECTORS Delete	11.		ADDITIONS/	CHANGES TO OFFI	CERS AND			
NAME	JIMENEZ, PEDRO J		NAME	1				☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	274 E 46 ST HIALEAH, FL 33013		STREET CITY-S	T ADDRESS ST-ZIP					ļ	
TITLE	VD	☐ Delete	TITLE			<u> </u>		Change	Addition	
NAME Street adoress	RIVAS, EMILIA 274 E 46 ST		NAME	T ADORESS						
CITY-ST-ZIP			CITY-S	51-ZIP						
TITLE		□ De≯eta	TITLE					Change	Addition	
STREET ADDRESS City-St-Zip				ADORESS					1	
TITLE	<u></u>	☐ Delete	CITY-S TIFLE	51-ZIP				☐ Change	☐ Addition	
NAME			NAME					,.		
STREET ADDRESS CITY-ST-ZIP			CITY-5	T ADORESS ST-ZIP						
ITLE		☐ Delete	TIFLE					Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET	TADORESS					1	
CITY-ST-ZP			CITY-S	57-20						
TITLE NAME		☐ Delete	MAME					☐ Change	☐ Addition	
STREET ADORESS		İ		ADORESS					Ī	
12. I hereby	certify that the information supplied will	th this filing does not qualify for (	the exer		in Chapter 119	Florida Statutes 1	further cert	ify that the !	nformation	
12. If hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on hits report or supplemental report is true and accurate and that my signature shall have the same logal 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 till changed, or on an attachment with an address, with all other like empowered.										
SIGNATURE: Dies Dies Dies Dies Dies Dies Dies Dies										