

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90178 044 \*\*\*150.00

DOCUMENT # P03000068996

1. Entity Name  
CLASSIC BEDDING, INC.

**DO NOT WRITE IN THIS SPACE**

14020807

2. Principal Place of Business 18865 N W 55 AVE Suite, Apt. #, etc. MIAMI, FLORIDA		3. Mailing Address 18865 N. W. 55 AVE Suite, Apt. #, etc.		4. FEI Number 57-1175916		Applied For <input type="checkbox"/> Not Applicable	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 33055	Country USA	Zip 33055	Country USA				

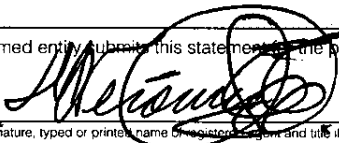
DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name CASTELLANOS, MARTA VERONICA	
Street Address (P.O. Box Number is Not Acceptable)	
18865 N. W. 55 AVE	
City MIAMI	Zip Code FL 33055

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.

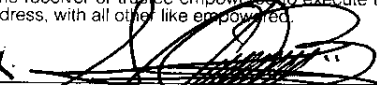
SIGNATURE  DATE 4/30/2004  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<p><b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b></p>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIVERA, JOSE TULIO 18865 N. W. 55 AVE MIAMI, FLORIDA 33055	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS CASTELLANOS, MARTA VERONICA 18865 N. W. 55 AVE MIAMI, FLORIDA 33055	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. I hereby 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: X  DATE \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE TULIO RIVERA

CR2E034B (12/01)