2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000094600

1. Entity Name
BEST IN SLEEP, INC.

66420993

Principal Place of Business	Mailing Address
4350 W. SUNRISE BLVD., STE. 122 PLANTATION, FL 33313	4350 W. SUNRISE BLVD., STE. 122 PLANTATION, FL 33313

04152004   Chg-P   CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address		4. FEI Number 20-0196150	Applied For / Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State		City & State			
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SINGER, BERNARD A 3107 STIRLING RD., STE. 105 FT. LAUDERDALE, FL 33312	Name Street Address (P.O. Box Number is Not Acceptable) City __ FL __ Zip Code

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 printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	
TITLE President NAME Luis E Rechani STREET ADDRESS 4350 W Sunrise Blvd #122 CITY-ST-ZIP Plantation Fl 33313	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Luis E Rechani_ Luis E Rechani 4/20/04 210-348-1515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #