2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000097528

FILED Mar 23, 2004 8:00 am Secretary of State 03-23-2004 90019 001 ***300.00

1. Entity Name	e MATTRESS MARKET INC.									
Principal Place	e of Business	Mailing Address								
705 INDIAN E VERO BEACH	705 INDIAN LILAC ROAD VERO BEACH, FL 32963	1			66407372					
2. Principal Pl	ace of Business	3. Mailing Address								
Suite, Apt.	Suite, Apt. #, etc.	. #, elc.			02192004	Chg-P	CR2E0	34 (10/03)		
City & State	•	City & State				4. FEI Numbe	El Number Applied For Not Applicable			
Zip	Country	Zip	Countr	″y 			of Status Desired		\$8.75 Add	itional
6. Name and Address of Current Registered Agent						7. Name and	Address of New I			Test de la company
MILESIC, STEVEN				Name						
705 INDIAN	N LILAC ROAD ACH, FL 32963			Street Address (P.O. Box Number is Not Acceptable)						
			-	City				FL	Zip Code	3
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.									and accept	
SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE										
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees										
10.	OFFICERS AND D	IRECTORS	11.			ADDITIONS/	CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11
TITLE NAME		☐ Delete	TITLE NAME		P1	T,S			☐ Change	X Addition
STREET ADDRESS				T ADDRESS	Sf	even 1	Milesic	- 12d		
CITY-ST-ZIP			CITY-S	ST-ZIP	Ve	ro Bea	ch. Fl	329	63	
TITLE NAME		☐ Delete	TITLE NAME						Change	☐ Addition
STREET ADDRESS				T ADDRESS						
C/TY-ST-ZIP			CITY-S	ST-ZIP					 _	
_TITLE			_TITLE NAME	-5=-5				- 234-	☐ Change	Addition
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TITLE		☐ Delete	TITLE						☐ Change	☐ Addition
NAME STREET ADDRESS			NAME STREET	T ADDRESS						
CITY-ST-ZIP			CITY-S							
12. It hereby certify that the information supplied with this filling 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 the like empowered.										

X 3-16-04 172-589-7865

Date Dayling Phone #