

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000001196

Entity Name: MATTRESS ONE, INC.

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1632 NW 82ND AVENUE  
DORAL, FL 33126

**New Principal Place of Business:**

1632 N.W. 82 AVE.  
DORAL, FL 33126

**Current Mailing Address:**

1632 NW 82ND AVENUE  
DORAL, FL 33126

**New Mailing Address:**

1632 N.W. 82 AVE.  
DORAL, FL 33126

FEI Number: 20-2322072

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KADE, PAUL M  
9200 SOUTH DADELAND BLVD  
SUITE 400  
MIAMI, FL 331562712 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SALEM, MOHANAD  
Address: 1632 N.W. 82 AVE.  
City-St-Zip: DORAL, FL 33126

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MOHANAD SALEM

P

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date