

2006 FOR PROFIT CORPORATION ANNUAL REPORT


APPROVED
AND

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000059035			
1. Entity Name 7DAZA MATTRESS CORP.			
Principal Place of Business 1354 NW 4 ST HOMESTEAD, FL 33030		Mailing Address 1354 NW 4 ST HOMESTEAD, FL 33030	
2. Principal Place of Business 22840 South Dixie Hwy Miami FL		3. Mailing Address 22840 South Dixie Hwy Miami FL	
Suite, Apt. #, etc. Hwy		Suite, Apt. #, etc. Hwy	
City & State Miami FL		City & State Miami FL	
Zip 33170	Country	Zip 33170	Country
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		4. FEI Number 20-2728454	
Applied For Not Applicable		05152006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent ZAMORA, DANIEL 1354 NW 4 ST HOMESTEAD, FL 33030		7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZAMORA, DANIEL 1354 NW 4 ST HOMESTEAD, FL 33030 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZAMORA, FLOR MARIA 1354 NW 4 ST HOMESTEAD, FL 33030 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____		06-05-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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