2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State
04-04-2005 90099 047 ***158.75

DOCUMENT # P96000009336

1. Entity Name
ABRAHAM'S MATTRESSES INC.

50033861

Principal Place of Business	Mailing Address
8461 SW 40TH ST MIAMI, FL 33155	8461 SW 40TH ST MIAMI, FL 33155

03292005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
6295 SW 38 ST	6295 SW 38 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL 33155	City & State: MIAMI, FL 33155
Zip: 33155 Country	Zip: 33155 Country

4. FEI Number 65-0293594 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LAM, MICHEL 6295 SW 38 STREET MIAMI, FL 33155	Name: Abraham Hidalgo Dominguez Street Address (P.O. Box Number is Not Acceptable): 6295 SW 38 ST City: Miami FL Zip Code: 33155

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] Abraham Hidalgo Dominguez 03/29/05
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, 2005 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	SD ☐ Delete	TITLE	DPS ☒ Change ☐ Addition
NAME	LAM, MICHEL	NAME	Abraham Hidalgo Dominguez
STREET ADDRESS	6295 SW 38 STREET	STREET ADDRESS	6295 SW 38 ST
CITY-ST-ZIP	MIAMI, FL 33155	CITY-ST-ZIP	Miami Fl 33155
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: [signature] Director Abraham Hidalgo 3/29/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #