2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2009
Secretary of State

DOCUMENT# P96000035595

Entity Name: SLEEP LAB MANAGEMENT, INC.

Current Principal Place of Business:

3663 SOUTH MIAMI AVE, SUITE 5510
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

3663 SOUTH MIAMI AVE, SUITE 5510
MIAMI, FL 33133

New Mailing Address:

FEI Number: 65-0671141 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARAN, FERNANDO S
710 S DIXIE HWY
CORAL GABLE, FL 33146 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MOAS, RAUL
Address: 3659 SOUTH MIAMI AVE, SUITE 5004
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RAUL MOAS D 05/14/2009

Electronic Signature of Signing Officer or Director Date