

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # P97000009638
 1. Entity Name
MATTRESSES & MORE, INC.



Principal Place of Business
 982 SOUTH STATE ROAD 7
 MARGATE, FL 33068

Mailing Address
 982 SOUTH STATE ROAD 7
 MARGATE, FL 33068

DO NOT WRITE IN THIS SPACE



04242007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0721325	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BENAVIDES, AIDA
 992 SOUTH STATE ROAD 7
 MARGATE, FL 33068

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GARCES, WILFREDO
STREET ADDRESS	11220 MUSTANG ST.
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	V
NAME	BENAVIDES, AIDA
STREET ADDRESS	11220 MUSTANG ST.
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 05/23/07-80042-005 150.00

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: Aida B. Garcés AIDA GARCES 04-27-07 954 975-7446
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #