2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: SONATURE AND TYPES OF PRINTED NAME OF SONING OFFICER OR DIRECTOR

ANNUAL REPURT (AR)						FILED				
DOCUMENT # P97000062525 1. Entity Name					Apr 27, 2005 08:00 AM Secretary of State					
A.B.C. M	ATTRESS DISCOUNT, INC.					Secretary	oi Sta	te		
Principal Place of Business Mailing Address					1					
6161 SW 8TH STREET		6161 SW 8TH STREET								
MIAMI FL 3	3144	MIAMI FL 33144			100	Milaal ila larik kaake kaken maiir a	ANIM RESID TIME MENI I	i rsiin ((111 1 a)) B	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt #, etc.		Suite, Apt. #, etc.		1:	st MOORE (CR2E034 (10)/04)			
City & State		City & State		4. FEI Numi	65-0771244		No	plied For ot Applicat		
Zip	Country Zip Co		Cour	ntry	5. Certificate of Status Desired					
	6. Name and Address of Curren	t Registered Agent			7. Name an	d Address of New Re				
GUTIERREZ, NORIS				Name						
6161 SW 8TH STREET MIAMI FL 33144				Street Address ((P.O. Box Numl	per is Not Acceptable)			
				City			FL	Zip Code	 e	
8. The above	named entity submits this statement	red agent, or b	oth, in the State of Flor		liar with,	and acces				
the obligations of registered agent.										
SIGNATURE	Signature, typed or printed name of registered ager	It and title if applicable (NOT	E Registere	d Agent signature required	d when reinstating)		DATE	<u> </u>		
	ILE NOW!!! FEE IS \$150.00			· · · · · · · · · · · · · · · · · · ·		9. Election Campai	ian Financina		00 May E	
	May 1, 2005 Fee Will Be \$550.0 k Payable to Florida Department					Trust Fund Cont			ed to Fees	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFFIC	CERS AND DIF	ECTORS	\$ IN 11	
TITLE	D GUTIERREZ, NORIS	Delete Delete	TITLE					Change	☐ Adian	
NAME STREET ADDRESS	6161 SW 8TH STREET		NAM STRE	ET ADDRESS		Honannaar	Time d			
CITY-ST-ZIP	MIAMI FL 33144		CITY	· ST- ZIP		<u> </u>	<u> </u>	50.00		
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NAME STREET ADDRESS	GUTIERREZ, JUAN F 6161 SW 8TH STREET		NAM Stre	E Et address						
CITY-ST-7IP	MIAMI FL 33144			·ST-ZIP		¥				
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NAME CLOCKY ADDRESS			NAMI	·	,					
STREET ADDRESS CITY-ST-ZIP		\mathcal{L}		ET ADDRESS - ST - ZIP						
	I certify that the information supplied wit	h this filing abos not quality for			ction 119.07(3)	(i), Florida Statutes	further certify H	nat the in	formation	
indicated of the cor	certify that the information supplied wit on this report of supplemental report poration of the receiver or trustee emp or on an attachment with an address,	s true and accurate and that no owered to execute this report	ny signat as requi	ture shall have the s red by Chapter 607	same legal effe , Florida Statut	ct as if made under or es; and that my name	ath; that I am ar	officer	or director Block 11	
changed,	or on an attachment with an address,	with all other like empowered.				1 1			·•	

FACUNDO GUTIGRAEZ

305 - 266 - 6658 Deytme Phone #