2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 8:00 am
Secretary of State
07-25-2005 90101 028 ***150.00

DOCUMENT # P98000072049

1. Entity Name
PREMIUM BEDDING, CORP.

Principal Place of Business	Mailing Address
1001 E 26 ST. HIALEAH, FL 33010	1001 E 26 ST. HIALEAH, FL 33010

50057471

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07132005 Chg-P CR2E034 (10/03)

4. FEI Number 04-3590889 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CARRASQUILLA, RUTH
1001 E 26 ST.
HIALEAH, FL 33010

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	CARRASQUILLA, RUTH	
STREET ADDRESS	6922 N.W. 46TH ST	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	VD	☐ Delete
NAME	MORALES, PEDRO	
STREET ADDRESS	6922 N.W. 46TH ST.	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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: Ruth Carrasquilla 07-20-05 1888-513-4224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

#P98000072049

500247471

ATTACHMENT

Premium Bedding, Corp

1001 East 26 St
Hialeah, FL 33013
PH: (1-888)513-4224 FAX: (1-888)513-4225

June 30, 2005

To Whom It May Concern:

I would like to inform you that we are already in the Month of July and we have not received the bill for the Uniform Business Report. This is the first time this year that we don't receive the bill by mail. I'm aware that there is a late fee of $400.00 applied if the payment is past due. We are sending the payment for $150.00 since we have not received by mail your bill. I would like to properly file my annual report for this year. If you have any questions in regards, please contact me. Thank your for your time and consideration.

Sincerely,

Pedro Morales, VP