

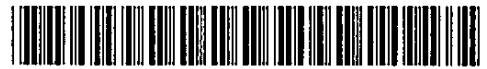
2005 FOR PROFIT CORPORATION ANNUAL REPORT

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 1001 E 26 ST. HIALEAH, FL 33010			Mailing Address 1001 E 26 ST. HIALEAH, FL 33010		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 04-3590889	
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	
8. This 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARRASQUILLA, RUTH 6922 N.W. 46TH ST MIAMI, FL 33166	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORALES, PEDRO 6922 N.W. 46TH ST. MIAMI, FL 33166	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <u>Ruth Carrasquilla</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			07-20-05-1888-513-4224 Date Daytime Phone #		

50057471



07132005 Chg-P CR2E034 (10/03)

Applied For
Not Applicable

FL Zip Code

#P98000072049
500.57.471

ATTACHMENT
Premium Bedding, Corp



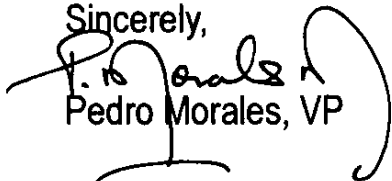
1001 East 26 St
Hialeah, FL 33013
PH: (1-888)513-4224 FAX: (1-888)513-4225

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
