2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000018357

1. Entity Name

PERLOBRO USED FURNITURE & APPLIANCES, INC.



FILED Mar 29, 2007 08:00 AM Secretary of State

Principal Place of Business

4355 FAIRMONT ST ORLANDO, FL 32808 US Mailing Address
4412 GEORGETOWN DRIVE
ORLANDO. FL 32808



DO NOT WRITE IN THIS SPACE

01172007 No Chg-P CR2E034 (11/05)

Applied For

4, FEI Number 01-0604909

Not Applicable

5, Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROOKER, PERRY L 4412 GEORGETOWN DRIVE ORLANDO, FL 32808

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 agant.	

SIGNATURE.

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

000000682969 04/05/07-80025-004_150.00

OFFICERS AND DIRECTORS 10. PD TITLE BROOKER, PERRY L NAME STREET ADDRESS 4412 GEORGETOWN DRIVE ORLANDO, FL 32808 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

DO NOT WRITE IN THIS SPACE

TITLE
NAME
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CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

324-07

407-578-5500

Date

Daytime Phone #