


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P02000018357

1. Entity Name
PERLOBRO USED FURNITURE & APPLIANCES, INC.



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)

4. FEI Number
01-0604909

Applied For
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

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

**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

U00000682963
04/05/07-80025-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BROOKER, PERRY L
STREET ADDRESS	4412 GEORGETOWN DRIVE
CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: Benny L. Brooker Date: 3-24-07 Daytime Phone #: 407-578-5500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR