


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2004 08:00 AM**  
**Secretary of State**

|   |   |  |  |  |  |
|---|---|--|--|--|--|
| <b>DOCUMENT # P02000076939</b><br>1. Entity Name<br><b>PAYLESS FURNITURE WAREHOUSE, INC.</b>  |   |  |  |   |  |
| Principal Place of Business<br><b>2923 SO STATE RD 7<br/>HOLLYWOOD FL 33023</b>   |   |  | Mailing Address<br><b>2923 SO STATE RD 7<br/>2ND FLOOR<br/>HOLLYWOOD FL 33023</b>  |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |   |  | 3. Mailing Address<br>Suite, Apt. #, etc.  |  |  |
| City & State  |   |  | City & State   |  |  |
| Zip   |   | Country  |  | Zip  |  |
| Country   |   | Country  |  | 4. FEI Number <b>01-0738926</b><br><input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable                   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |   |  |  | MOORE CR2E034 (11/03)  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SMITH, JOSE<br/>2450 NE MIAMI GARDENS DRIVE<br/>2ND FLOOR<br/>NORTH MIAMI BEACH FL 33162</b>  |   |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |  |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>          |  |  |
| 10. OFFICERS AND DIRECTORS  |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | P<br><b>PILPEL, OSCAR</b><br><b>2923 SO STATE RD 7</b><br><b>HOLLYWOOD FL 33023</b> <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>000000020517</b><br><b>01/29/04-80069-015 150.00</b> |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | V<br><b>DAWN, PILPEL</b><br><b>2923 SO STATE RD 7</b><br><b>HOLLYWOOD FL 33023</b> <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | ST<br><b>SHAYNEN, PILPEL</b><br><b>2923 SO STATE RD</b><br><b>HOLLYWOOD FL 33023</b> <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | V<br><b>PILPEL, MARLA J</b><br><b>2923 SO STATE RD 7</b><br><b>HOLLYWOOD FL 33023</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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. |   |  |  |  |  |
| <b>SIGNATURE:</b> _____ <b>OSCAR A. PILPEL</b> Jan 26/04 951-986-0029   |   |  |  |  |  |