

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90055 035 ***150.00

DOCUMENT # P02000076939

1. Entity Name

PAYLESS FURNITURE WAREHOUSE, INC.



Principal Place of Business

2923 SO STATE RD 7
HOLLYWOOD FL 33023

Mailing Address

2923 SO STATE RD 7
2ND FLOOR
HOLLYWOOD FL 33023

2. Principal Place of Business

4171 NORTH STATE RD. 7

Suite, Apt. #, etc.

3. Mailing Address

290-174th ST.

Suite, Apt. #, etc.

508

City & State

HOLLYWOOD, FL.

City & State

Sunny Isles Beach FL.

Zip

33021

Country

USA

Zip

33160

Country

USA



1st MOORE

CR2E034 (10/04)

4. FEI Number

01-0738926

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, JOSE
2450 NE MIAMI GARDENS DRIVE
2ND FLOOR
NORTH MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

Name

OSCAR A. PILPEL

Street Address (P.O. Box Number is Not Acceptable)

290-174th ST. #508

City

Sunny Isles Beach

FL

Zip Code

33160

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

Feb 10/05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PILPEL, OSCAR	
STREET ADDRESS	2923 SO STATE RD 7	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	V	<input type="checkbox"/> Delete
NAME	DAWN, PILPEL	
STREET ADDRESS	2923 SO STATE RD 7	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SHAYNEN, PILPEL	
STREET ADDRESS	2923 SO STATE RD	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	V	<input type="checkbox"/> Delete
NAME	PILPEL, MARLA J	
STREET ADDRESS	2923 SO STATE RD 7	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 19.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OSCAR A. PILPEL

Feb 10/05

Date

951-986-0029

Daytime Phone #