

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90164 033 ***150.00

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1. Entity Name

PAYLESS FURNITURE WAREHOUSE, INC.



Principal Place of Business

4171 NORTH STATE RD 7
HOLLYWOOD FL 33021

Mailing Address

290-174TH ST
508
SUNNY ISLES BEACH FL 33160

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

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

PILPEL, OSCAR A
290-174TH ST #508
SUNNY ISLES BEACH FL 33160

7. Name and Address of New Registered Agent

Name

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

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when certifying)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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** ☐ Delete
NAME PILPEL, OSCAR
STREET ADDRESS 2923 SO STATE RD 7
CITY-ST-ZIP HOLLYWOOD FL 33023

TITLE **V** ☐ Delete
NAME DAWN, PILPEL
STREET ADDRESS 2923 SO STATE RD 7
CITY-ST-ZIP HOLLYWOOD FL 33023

TITLE **ST** ☐ Delete
NAME SHAYNEN, PILPEL
STREET ADDRESS 2923 SO STATE RD
CITY-ST-ZIP HOLLYWOOD FL 33023

TITLE **V** ☐ Delete
NAME PILPEL, MARLA J
STREET ADDRESS 2923 SO STATE RD 7
CITY-ST-ZIP HOLLYWOOD FL 33023

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME OSCAR PILPEL
STREET ADDRESS 290-174th ST. #508
CITY-ST-ZIP SUNNY ISLES BEACH, FL, 33160

TITLE **V** ☒ Change ☐ Addition
NAME DAWN PILPEL
STREET ADDRESS 290-174th ST. #508
CITY-ST-ZIP SUNNY ISLES BEACH, FL, 33160

TITLE **ST** ☒ Change ☐ Addition
NAME SHAYNE PILPEL
STREET ADDRESS 290-174th ST. #508
CITY-ST-ZIP SUNNY ISLES BEACH, FL, 33160

TITLE **V** ☒ Change ☐ Addition
NAME MARLA J. PILPEL
STREET ADDRESS 290-174th ST. #508
CITY-ST-ZIP SUNNY ISLES BEACH, FL, 33160

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OSCAR PILPEL

Feb 27/06

Date

954-983-8500

Daytime Phone #