2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

## Apr 17, 2008 8:00 am Secretary of State DOCUMENT # P02000076939 1. Entity Name 04-17-2008 90013 047 \*\*\*150.00 PAYLESS FURNITURE WAREHOUSE, INC. Principal Place of Business Mailing Address 4171 NORTH STATE RD 7 290-174TH ST HOLLYWOOD FL 33021 508 SUNNY ISLES BEACH FL 33160 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 01-0738926 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PILPEL, OSCAR A Street Address (P.O. Box Number is Not Acceptable) 290-174TH ST #508 SUNNY ISLES BEACH FL 33160 City 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 harm of registered agent and life Hampicacie. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRESIDENT TITLE TITLE Delete Change Addition NAMS PILPEL, OSCAR NAME MARLA J 290-174 57. 4508 STREET ADDRESS 290-174TH ST. #508 STREET ADDRESS SUNNY ISLES BEACH FL 33160 CITY-ST-7IP CITY-ST-ZIP SUARY ISLES BEACH, FL OPERATIONS CONSULTANT- VICE PRESIDENT TITLE ☐ Delete TITLE Addition NAME DAWN, PILPEL NAME STREET ADDRESS 290-174TH ST. #508 STREET ADDRESS 290-174 ST. # SOB CITY-ST-ZIP SUNNY ISLES BEACH FL 33160 CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME SHAYNE, PILPEL NAME STREET ADDRESS 290-174TH ST. #508 STREET ADDRESS CITY-ST-ZIP SUNNY ISLES BEACH FL 33160 CITY-ST-7IP THILE Da ete THE ☐ Change ☐ Addition PILPEL, MARLA J MAME NAME STREET ADDRESS 290-174TH ST. #508 STREET ADDRESS SUNNY ISLES BEACH FL 33160 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Derete TOLE Change Addition NAME

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

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-783

CITY-ST-ZIP

NTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

**FILED** 

Change

Addition