
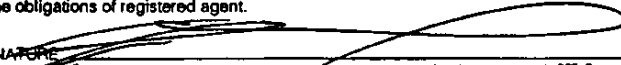
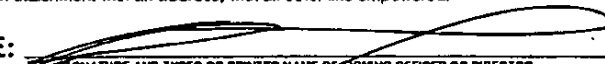


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90055 036 \*\*\*150.00

<b>DOCUMENT # P04000057703</b>					
1. Entity Name <b>PAYLESS FURNITURE DISTRIBUTORS, INC.</b>					
Principal Place of Business <b>2260 SW 30TH AVE. PEMBROKE PINES FL 33009</b>			Mailing Address <b>2260 SW 30TH AVE. PEMBROKE PINES FL 33009</b>		
2. Principal Place of Business			3. Mailing Address <b>290-174<sup>th</sup> ST. 508</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State <b>Sunny Isles Beach FL</b>		
Zip		Country		4. FEI Number <b>20-1000609</b>	
<b>33160</b>		<b>U.S.A</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PILPEL, OSCAR 2260 SW 30TH AVE. PEMBROKE PINES FL 33009 PARK</b>				7. Name and Address of New Registered Agent Name <b>SHAYNE N. PILPEL</b> Street Address (P.O. Box Number is Not Acceptable) <b>290-174<sup>th</sup> ST. #508</b> City <b>Sunny Isles Beach</b> FL Zip Code <b>33160</b>	
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.  <div style="display: flex; justify-content: space-between;"> <div> <b>SIGNATURE</b>    <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div> <small>(NOTE: Registered Agent signature required when reappointing)</small>  <b>7.6.10/05</b>  <small>DATE</small> </div> </div>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <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	P	<input checked="" type="checkbox"/> Delete		TITLE	<b>PRES. SHAYNE N. PILPEL</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PILPEL, OSCAR</b>			NAME	<b>290-174<sup>th</sup> ST. #508</b>
STREET ADDRESS	<b>2260 SW 30TH AVE.</b>			STREET ADDRESS	<b>Sunny Isles Beach FL</b>
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33009</b>			CITY-ST-ZIP	<b>33160 USA</b>
TITLE		<input type="checkbox"/> Delete		TITLE	<b>SECTY OSCAR A. PILPEL</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME				NAME	<b>290-174<sup>th</sup> ST. #508</b>
STREET ADDRESS				STREET ADDRESS	<b>Sunny Isles Beach, FL</b>
CITY-ST-ZIP				CITY-ST-ZIP	<b>33160 USA</b>
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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.					
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>7.6.10/05</b> <b>954-986-0029</b> <small>Date Daytime Phone #</small>	