FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90273 032 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000122374

1. Entity Name
PAYLESS ENTERPRISES, INC.

40077993

03052007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
111 N PINE ISLAND ROAD STE 205 PLANTATION, FL 33324	111 N PINE ISLAND ROAD STE 205 PLANTATION, FL 33324

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
44 SE 14th st	44 SE 14 St.
Suite, Apt. #, etc. Apt 101	Suite, Apt. #, etc. Apt. 101
City & State Boca Raton, FL	City & State Boca Raton, FL
Zip 33432 Country Palm Beach	Zip 33432 Country Palm Beach

4. FEI Number 04-3826726 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DSOUZA, ELIAS L ESQ
111 N PINE ISLAND ROAD STE 205
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name DeSouza Elias Esq
Street Address (P.O. Box Number is Not Acceptable) 111 N. Pine Island Rd. Ste 205
City Plantation FL Zip Code 33324

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS GABAEFF, PHYLLIS 44 SE 14th St STE 101 Boca Raton, FL. 33432 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition Phyllis Gabaeff 44 SE 14th St 33432 Boca Raton, FlA Apr 101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Phyllis Gabaeff — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — March 31 07 Date — (561) 391-3879 Daytime Phone #