

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90046 019 \*\*\*150.00

<b>DOCUMENT # P05000137594</b> 1. Entity Name <b>PAYLESS FURNITURE LAUDERHILL, INC.</b>			
Principal Place of Business <b>3944-3960 NW 19 STREET LAUDERHILL FL 33313</b>		Mailing Address <b>3944-3960 NW 19 STREET LAUDERHILL FL 33313</b>	
2. Principal Place of Business - No P.O. Box # <b>c/o REGISTERED Agent 290-174th ST.</b>		3. Mailing Address <b>290-174th ST.</b>	
Suite, Apt. #, etc. <b>290-174th ST. # 508</b>		Suite, Apt. #, etc. <b>508</b>	
City & State <b>Sunny Isles Beach</b>		City & State <b>Sunny Isles Beach</b>	
Zip <b>FL 33160</b>		Zip <b>FL 33160</b>	
Country <b>33160</b>		Country <b>33160</b>	
4. FEI Number <b>20-3582414</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
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 290 174 STREET #508 SUNNY ISLES BEACH FL 33160</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 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 NAME STREET ADDRESS CITY ST ZIP	PD PILPEL, DAWN S 290 174 STREET, #508 SUNNY ISLES BEACH FL 33160	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VPD PILPEL, SHAYNE 290 174 STREET, #508 SUNNY ISLES BEACH FL 33180	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	S PILPEL, OSCAR A 290 174 STREET, #508 SUNNY ISLES BEACH FL 33160	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	T PILPEL, OSCAR A 290 174 STREET, #508 SUNNY ISLES BEACH FL 33160	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4/12/07</b> Daytime Phone # <b>954-322-9922</b>	