

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90076 001 \*\*\*150.00

|   |   |                     |   |  |  |
|---|---|---------------------|---|--|--|
| <b>DOCUMENT # P96000050743</b><br>1. Entity Name<br><b>PAYLESS FURNITURE SALES, INC.</b>  |   |                     |   |  |  |
| Principal Place of Business<br><b>2923 SO. STATE ROAD 7<br/>WEST HOLLYWOOD FL 33023</b>   |   |                     | Mailing Address<br><b>2923 SO. STATE ROAD 7<br/>WEST HOLLYWOOD FL 33023</b>   |  |  |
| 2. Principal Place of Business  |   | 3. Mailing Address  |   |  |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc. |   |  |  |
| City & State  |   | City & State        |   |  |  |
| Zip   | Country   | Zip                 | Country   |  |  |
| 6. Name and Address of Current Registered Agent   |   |                     |   | 7. Name and Address of New Registered Agent  |  |
| <b>WASERSTEIN, RICHARD<br/>913 NORMANDY DRIVE<br/>MIAMI BEACH FL 33141</b>  |   |                     |   | Name <b>OSCAR A. PILPEL</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>290-174 ST. #508</b><br>City <b>SUNNY ISLES BEACH</b> <b>FL</b> 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.   |   |                     |   |  |  |
| SIGNATURE<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |   |                     |   | (NOTE: Registered Agent signature required when reinstating)<br><b>JAN 26/04</b><br><small>DATE</small>  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |   |                     | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |  |  |
| 10. OFFICERS AND DIRECTORS  |   |                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VP<br><b>PILPEL, DAWN S</b><br><b>913 NORMANDY DR</b><br><b>MIAMI BEACH FL 33141</b> <input type="checkbox"/> Delete                      |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>PRESIDENT</b><br><b>OSCAR A. PILPEL</b><br><b>2923 SO. STATE RD. 7</b><br><b>WEST HOLLYWOOD, FL, 33023</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br><b>PHILLIPS, GEORGE</b><br><b>2923 SO. STATE ROAD 7</b><br><b>WEST HOLLYWOOD FL 33023</b> <input checked="" type="checkbox"/> Delete |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | ST<br><b>PILPEL, MARLA</b><br><b>913 NORMANDY DRIVE</b><br><b>MIAMI BEACH FL 33141</b> <input type="checkbox"/> Delete                    |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VP<br><b>PILPEL, SHAYNE</b><br><b>913 NORMANDY DRIVE</b><br><b>MIAMI BEACH FL 33141</b> <input type="checkbox"/> Delete                   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 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><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |                     | <b>JAN 26/04</b><br><small>Date</small>   |  |  |
|   |   |                     | <b>951-986-0029</b><br><small>Daytime Phone #</small>   |  |  |