

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90005 027 ***150.00

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1. Entity Name

PILLOW PARLOR, INC.

Principal Place of Business

417
518 E ATLANTIC AVE
DELRAY BEACH FL 33483

Mailing Address

417
518 E ATLANTIC AVE
DELRAY BEACH FL 33483

54016024



MOORE CR2E034 (11/03)

2. Principal Place of Business

417 E ATLANTIC AVE
Suite, Apt. #, etc.

3. Mailing Address

417 E ATLANTIC AVE
Suite, Apt. #, etc.

City & State

DeLray Beach FL

City & State

DeLray Beach, FL

4. FEI Number

65-0833665

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RABINWITZ, AL
6600 GEORGIA AVE STE 5
WEST PALM BEACH FL 33405

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Al Rabinowitz

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME RABINWITZ, AL
STREET ADDRESS 6600 GEORGIA AVE
CITY-ST-ZIP WEST PALM BEACH FL 33405

TITLE D ☐ Delete
NAME STAN, HOFFERT A
STREET ADDRESS 6600 GEORGIA AVE
CITY-ST-ZIP WEST PALM BEACH FL 33405

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRES ☒ Change ☐ Addition
NAME AL RABINWITZ
STREET ADDRESS 417 E ATLANTIC AVE
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE NP ☒ Change ☐ Addition
NAME STAN HOFFERT
STREET ADDRESS 417 E ATLANTIC AVE
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

Al Rabinowitz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/04

Date

561-266-9006

Daytime Phone #