

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V42721

Entity Name: PIC N PAYLESS, INC.

FILED  
Apr 05, 2005  
Secretary of State

**Current Principal Place of Business:**

PO BOX 266166  
WESTON, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 266166  
WESTON, FL 33326 US

**New Mailing Address:**

FEI Number: 65-0347137

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRIZEL, ROBERT  
1021 IVES DAIRY RD., SUITE 220  
MIAMI, FL 33179 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: STD ( ) Delete  
Name: DIMATTINA, ROBERT,  
Address: 14351 SUNSET LANE  
City-St-Zip: SOUTHWEST RANCHES, FL 33330

Title: DP ( ) Delete  
Name: SALAMON, DIANE  
Address: 71530 SW 65 CT  
City-St-Zip: SOUTHWEST RANCHES, FL 33331

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE SALAMON

DP

04/05/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date