2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 22, 2005 08:00 AM Secretary of State

		 		
DOCUMENT # 5728 (02	•		
4 Entity Nama				

Principal Place of Business

90 PRICE PARKWAY, STE. 1 FARMINGDALE, NY 11735 US

LEVITZ SHOPPING SERVICE, INC.

Mailing Address

90 PRICE PARKWAY, STE. 1 FARMINGDALE, NY 11735

US



DO NOT WRITE	IN	THIS	SP	AC	E
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02092005	No Cha-P	CR2E034 (10/03

4. FEI Number 23-2067933 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6.	Name	and	Address o	f Current	: Regis	tered	Agent
_							

*CT CORPORATION SYSTEM 1200 S, PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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 FILE NOWIL! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ITHE P NAME SCOTT MARK							
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOWII! FEE IS \$150.00 P. Election Campaign Financing Trust Fund Contribution. Trust Fund Contribution. OFFICERS AND DIRECTORS TITLE P		purpose of changing its registere	ed office or re	gistered agent, or bo	oth, in the State of Flori	ida. I am familiar i	with, and accept
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE P	SIGNATURE Signature, speed or printed name of registered agent and title	if applicable (NOTE Registered	d Agent signature	equired when reinstating)		DATE	<u></u>
TIFLE P -					H,		, <u></u>
	10. OFFICERS AND DIRE	CTORS					
STREET ADDRESS 300 CROSSWAYS PARK DRIVE	NAME SCOTT, MARK STREET ADDRESS 300 CROSSWAYS PARK DRIVE		,		- , (1//1/2000	 10239686	
CITY-ST-ZIP WOODBURY, NY 11797 ITILE CEO	NAME CAROTHERS, W JAY STREET ADDRESS 300 CROSSWAYS PARK DRIVE				02/22/ñ§		16 350.00 —
ITTLE VPAS NAME WEBBER, ROBERT STREET ADDRESS 90 PRICE PARKWAY, STE. 1 CITY ST-ZIP FARMINGDALE, NY 11735 DO NOT WRITE	NAME WEBBER, ROBERT STREET ADDRESS 90 PRICE PARKWAY, STE. 1		41,	DO	NOT W	RITE	
TITLE VPAT NAME COLREAVY, COLEEN STREET ADDRESS CITY-ST-ZIP FARMINGDALE, NY 11735 IN THIS SPACE IN THIS SPACE	NAME COLREAVY, COLEEN STREET ADDRESS 90 PRICE PARKWAY, STE. 1		- Suppose for the State of Sta	IN "	THIS SP	ACE	
NAME RUBIN, JAMES STREET ADDRESS 1.0. NEW KING STREET, STE. 107 CITY-ST-ZIP WHITE PLAINS, NY 10604	NAME RUBIN, JAMES STREET ADDRESS 10.NEW KING STREET, STE. 107		<u></u>				
TITLE D NAME ROBERT SYMINGTON STREET ADDRESS LO NEW KING STREET, STE LOT CHY-ST-ZIP WHITE PLOUIS, NY ICHOCH	NAME ROBERT SYMINGTON STREET ADDRESS TO NEW KING STREET, STE 107						
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 it made under oath, that I am an officer or director	12. I hereby certify that the information supplied with this fi	iling does not qualify for the exer	mption stated	in Section 119.07(3)((i), Florida Statutes. I f	urther 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT WEBRIER, VICE PRESIDENT, SECRETARY

1/15/05

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