

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 19, 2005 8:00 am**  
**Secretary of State**

06-22-2005 90077 030 \*\*\*150.00

07-19-2005 90038 019 \*\*\*400.00

**DOCUMENT # F97000003424**

1. Entity Name  
**AEROGROUP RETAIL HOLDINGS, INC.**



Principal Place of Business

**201 MEADOW RD.  
EDISON, NJ 08817**

Mailing Address

**201 MEADOW ROAD  
ATTN: BUSINESS AFFAIRS  
EDISON, NJ 08817**

**50056083**



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

06072005

Chg-P

CR2E034 (10/03)

4. FEI Number

**51-0364650**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**NATIONSCORP REGISTERED AGENTS, INC.  
526 E. PARK AVE  
TALLAHASSEE, FL 32301**

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

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  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete  
NAME **SMITH, MELISSA A**  
STREET ADDRESS **201 MEADOW ROAD**  
CITY-ST-ZIP **EDISON, NJ 08817**

TITLE **VP** ☐ Delete  
NAME **MORRIS, RICHARD J**  
STREET ADDRESS **201 MEADOW ROAD**  
CITY-ST-ZIP **EDISON, NJ 08817**

TITLE **S** ☐ Delete  
NAME **VOGEL, LINDA I**  
STREET ADDRESS **201 MEADOW ROAD**  
CITY-ST-ZIP **EDISON, NJ 08817**

TITLE **T** ☐ Delete  
NAME **MORRIS, RICHARD J**  
STREET ADDRESS **201 MEADOW ROAD**  
CITY-ST-ZIP **EDISON, NJ 08817**

TITLE **D** ☐ Delete  
NAME **SCHNEIDER, JULES Z**  
STREET ADDRESS **201 MEADOW ROAD**  
CITY-ST-ZIP **EDISON, NJ 08817**

TITLE **D** ☐ Delete  
NAME **MORRIS, RICHARD J**  
STREET ADDRESS **201 MEADOW ROAD**  
CITY-ST-ZIP **EDISON, NJ 08817**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 **Dan Ghammachi**  
STREET ADDRESS **Treasurer**  
CITY-ST-ZIP **201 Meadow Rd  
Edison, NJ 08817**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/2/05 732-645-4576