

FILED
May 18, 2005 8:00 am
Secretary of State

05-18-2005 90240 001 *3,000.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # J04910

1. Entity Name
THE RAG SHOP/WEST PALM BEACH, INC.



66017812

Principal Place of Business
POLO MARKET PLACE SHOP PLAZA
770A S MILITARY TRAIL
W PALM BEACH, FL 33415 US

Mailing Address
THE RAG/WEST PALM BEACH INC
111 WAGARAW RD
HAWTHORNE, NJ 07506 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-2654847

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324

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
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CD
NAME BERENZWEIG, STANLEY
STREET ADDRESS 111 WAGARAW ROAD
CITY-ST-ZIP HAWTHORNE, NJ 07506

TITLE SD
NAME BERENZWEIG, DORIS
STREET ADDRESS 111 WAGARAW ROAD
CITY-ST-ZIP HAWTHORNE, NJ 07506

TITLE VTD
NAME BARNETT, STEVEN
STREET ADDRESS 111 WAGARAW ROAD
CITY-ST-ZIP HAWTHORNE, NJ 07506

TITLE V
NAME LOMBARDO, JUDITH
STREET ADDRESS 111 WAGARAW ROAD
CITY-ST-ZIP HAWTHORNE, NJ 07506

TITLE P
NAME GERSTEL, JEFFREY
STREET ADDRESS 111 WAGARAW ROAD
CITY-ST-ZIP HAWTHORNE, NJ 07506

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P, D
NAME STAFFIERI, RONALD
STREET ADDRESS
CITY-ST-ZIP

TITLE S, D
NAME BOYKAS, SUSAN
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME KING, T SCOTT
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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:

Susan Boyles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #