## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT #J04910

## **FILED** Apr 26, 2007 8:00 am Secretary of State

04-26-2007 90451 001 \*3,000.00

THE RAG SHOP/WEST PALM BEACH, INC.											
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			66011171					
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04172007	Chg-P	CR2E	34 (12/06)	
City & State			City & State				4. FEI Number 59-2654		·····	<del>}</del>	oplied For ot Applicable
Zíp	Zip Country		Zip Coun		try					\$8.75 Add Fee Require	
6. Name and Address of Current R			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)						
the obligat	named entity submits the ions of registered agent.  Signature, typed or pointed name.	of registered agent and title	f applicable (NOTE  9. Election Campaig	: Registerei gn Finan	d Agent signati	ure required \$5.	when reinstating)	n, in the State of Flo	FL orida, Lam DATE	Zip Code familiar with,	
After Ma	ay 1, 2007 Fee wil	ll be \$550.00	Trust Fund Contr			Adde	ed to Fees				
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SYRSTAD, MARK 111 WAGARAW RO HAWTHORNE, NJ		□ Delete			111 7	Udasin Wagaraw Roa		ICERS AND	DIRECTORS Change	S IN 11  Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BARNETT, STEVEN 111 WAGARAW RO HAWTHORNE, NJ	AD	□ Delete			Hawti	<del>norne, NJ (</del>	<del>) / 506</del>		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, SCOTT T 111 WAGARAW RO HAWTHORNE, NJ		☐ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOMBARDO, JUDIT 111 WAGARAW RO HAWTHORNE, NJ	AD	☐ Delete							Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, JAMES D 111 WAGARAW RO HAWTHORNE, NJ		☐ Delete	1						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP			☐ Delete					-		☐ Change	Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 🛫

Laas Seth Udasin SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(973) 423-1303 ext. 115

Daytime Phone #