


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-18-2005 90240 001 *3,000.00

DOCUMENT # J27747
 1. Entity Name
 THE RAG SHOP/SUNRISE, INC. 21



Principal Place of Business Mailing Address
 PINE PLAZA SHOP CTR THE RAG SHOP/SUNRISE INC
 4751 NW 88TH AVE 111 WAGARAW RD
 SUNRISE, FL 33321 US HAWTHORNE, NJ 07506 US

66017810



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01112005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 58-1693588 Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S PINE ISLAND RD
 PLANTATION, 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 _____ (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 | Delete |
| NAME | BERENZWEIG, STANLEY | |
| STREET ADDRESS | 111 WAGARAW RD., RAG SHOP | |
| CITY-ST-ZIP | HAWTHORNE, NJ | |
| TITLE | SD | Delete |
| NAME | BERENZWEIG, DORIS | |
| STREET ADDRESS | 111 WAGARAW RD., RAG SHOP | |
| CITY-ST-ZIP | HAWTHORNE, NJ | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | LOMBARDO, JUDITH | |
| STREET ADDRESS | 111 WAGARAW RD., RAG SHOP | |
| CITY-ST-ZIP | HAWTHORNE, NJ | |
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | GERSTEL, JEFFREY | |
| STREET ADDRESS | 111 WAGARAW RD., RAG SHOP | |
| CITY-ST-ZIP | HAWTHORNE, NJ | |
| TITLE | VTD | <input checked="" type="checkbox"/> Delete |
| NAME | BARNETT, STEVEN | |
| STREET ADDRESS | 111 WAGARAW RD., RAG SHOP | |
| CITY-ST-ZIP | HAWTHORNE, NJ | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------|--|
| TITLE | P, D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STAFFIERI, RONALD | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | S, D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOYKAS, SUSAN | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: Jana Boyles SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #