

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 # J27747

1. Entity Name
THE RAG SHOP/SUNRISE, INC.



Principal Place of Business
**PINE PLAZA SHOP CTR
4751 NW 88TH AVE
SUNRISE, FL 33321 US**

Mailing Address
**THE RAG SHOP/SUNRISE INC
111 WAGARAW RD
HAWTHORNE, NJ 07506 US**

66017810



01112005 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
58-1693588

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 32301**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
BERENZWEIG, STANLEY
111 WAGARAW RD., RAG SHOP
HAWTHORNE, NJ** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
BERENZWEIG, DORIS
111 WAGARAW RD., RAG SHOP
HAWTHORNE, NJ** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
LOMBARDO, JUDITH
111 WAGARAW RD., RAG SHOP
HAWTHORNE, NJ** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
GERSTEL, JEFFREY
111 WAGARAW RD., RAG SHOP
HAWTHORNE, NJ** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTD
BARNETT, STEVEN
111 WAGARAW RD., RAG SHOP
HAWTHORNE, NJ** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P, D
STAFFIERI, RONALD** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S, D
BOYKAS, SUSAN** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Josua Boyles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #