

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 # J60373

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



Principal Place of Business
111 WAGARAW ROAD
HAWTHORNE, NJ 07506-2711 US

Mailing Address
111 WAGARAW ROAD
HAWTHORNE, NJ 07506-2711 US

66017800



2. Principal Place of Business

3. Mailing Address

01112005 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2778612

Applied For

Not Applicable

Zip

Country

Zip

Country

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 reappointing)

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 ☐ Delete

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

TITLE P
NAME GERSTEL, JEFFREY
STREET ADDRESS 111 WAGARAW RD.
CITY-ST-ZIP HAWTHORNE, NJ 07506 ☐ Delete

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

TITLE VTD
NAME BARNETT, STEVEN.
STREET ADDRESS 111 WAGARAW RD.
CITY-ST-ZIP HAWTHORNE, NJ 07506 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE D
NAME KING, T. SCOTT ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

John Boykas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #