

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-18-2005 90240 001 \*3,000.00

<b>DOCUMENT # J87794</b> 1. Entity Name THE RAG SHOP/JACKSONVILLE, INC. <span style="float: right;"><i>MS</i></span>					
Principal Place of Business 7201 SHOPPES DRIVE UNIT 103 VIERA, FL 32940 US			Mailing Address 111 WAGARAW RD HAWTHORNE, NJ 07506		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. <i>111 Wagaraw Rd.</i> City & State Zip Country		
4. FEI Number <b>58-1757272</b>			Applied For <input checked="" type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM % C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 ROAD HAWTHORNE, NJ <span style="float: right;"><input type="checkbox"/> Delete</span>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D STAFFIERI, RONALD <span style="float: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</span>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BERENZWEIG, DORIS 111 WAGARAW ROAD HAWTHORNE, NJ <span style="float: right;"><input type="checkbox"/> Delete</span>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOYKAS, SUSAN <span style="float: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</span>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GERSTEL, JEFFREY 111 WAGARAW ROAD. HAWTHORNE, NJ <span style="float: right;"><input type="checkbox"/> Delete</span>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, T. SCOTT <span style="float: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</span>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOMBARDO, JUDITH. 111 WAGARAW ROAD. HAWTHORNE, NJ <span style="float: right;"><input type="checkbox"/> Delete</span>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BARNETT, STEVEN 111 WAGARAW ROAD HAWTHORNE, NJ <span style="float: right;"><input checked="" type="checkbox"/> Delete</span>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<span style="float: right;"><input type="checkbox"/> Delete</span>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>	
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: <i>José Berkes</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					

**66017795**



01112005 Chg-P CR2E034 (10/03)