

FILED
Jul 21, 2006 8:00 am
Secretary of State

07-21-2006 90081 001 *3,000.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # K05918

1. Entity Name
THE RAG SHOP/BOCA RATON, INC.



Principal Place of Business
THE RAG SHOP CENTER
1616 N. FEDERAL HWY
BOCA RATON, FL 33432 US

Mailing Address
THE RAG SHOP/BOCA RATON, INC.
111 WAGARAW RD
HAWTHORNE, NJ 07506 US

66022106



06192006 Chg-P CR2E034 (11/05)

4. FEI Number
58-1762382

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
% CT 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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
NAME STAFFIERI, RONALD
STREET ADDRESS 111 WAGARAW ROAD
CITY-ST-ZIP HAWTHORNE, NJ 07506

TITLE P/D ☐ Change ☒ Addition
NAME Mark Syrstad
STREET ADDRESS 111 Wagaraw Road
CITY-ST-ZIP Hawthorne, NJ 07506

TITLE SD ☒ Delete
NAME BOYKAS, SUSAN
STREET ADDRESS 111 WAGARAW ROAD
CITY-ST-ZIP HAWTHORNE, NJ 07506

TITLE D ☐ Change ☒ Addition
NAME James D. Allen
STREET ADDRESS 111 Wagaraw Road
CITY-ST-ZIP Hawthorne, NJ 07506

TITLE D ☐ Delete
NAME KING, SCOTT T
STREET ADDRESS 111 WAGARAW ROAD
CITY-ST-ZIP HAWTHORNE, NJ 07506

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

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

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

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

TITLE S/T ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Steven B. Barnett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven B. Barnett

7/11/2006

973-423-1303

Date

Daytime Phone #