



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90327 001 \*3,000.00

<b>DOCUMENT # K05925</b> 1. Entity Name <b>THE RAG SHOP/PORT RICHEY, INC.</b>					
Principal Place of Business <b>3911 OAKWOOD BLVD HOLLYWOOD, FL 33020 US</b>			Mailing Address <b>THE RAG SHOP/PORT RICHEY, INC. 111 WAGARAW RD HAWTHORNE, NJ 07506 US</b>		
2. Principal Place of Business <b>Kendall Lakes Plaza</b> Suite, Apt. #, etc. <b>13855 SW 88th Street</b>		3. Mailing Address Suite, Apt. #, etc. 		<b>66411520</b> 	
City & State <b>Miami, FL</b>		City & State 		4. FEI Number <b>59-2865173</b>	
Zip <b>33186</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYES STREET SUITE 105 TALLAHASSEE, FL 32301</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD BERENZWEIG, STANELY 111 WAGARAW ROAD HAWTHORNE, NJ	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BERENZWEIG, DORIS 111 WAGARAW ROAD HAWTHORNE, NJ	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GERSTEL, JEFFREY 111 WAGARAW RD. HAWTHORNE, NJ.,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LOMBARDO, JUDITH. 111 WAGARAW RD. HAWTHORNE, NJ.,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD BARNETT, STEVEN 111 WAGARAW RD. HAWTHORNE, NJ	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ANDERTON, DANIEL L 111 WAGARAW RD HAWTHORNE, NJ 07506	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> <u><i>Sam Barnett</i></u> <b>6 APRIL 2004</b> <b>(973) 423-1303</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					