


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005 08:00 AM
Secretary of State

DOCUMENT # K68251 1. Entity Name C. S. JACKSONVILLE WAREHOUSE CORP.	
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Principal Place of Business 100 QUARRY ROAD STE. 2 HAMBURG, NJ 07419	Mailing Address 100 QUARRY ROAD STE. 2 HAMBURG, NJ 07419
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DO NOT WRITE IN THIS SPACE



06292005 No Chg-P CR2E034 (10/03)

4. FEI Number 22-2963509	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC 1201 HAYES ST STE - 105 TALLAHASSEE, FL 32301
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**DO NOT WRITE
IN THIS SPACE**

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.</small>	(NOTE: Registered Agent signature required when re-registering)	DATE _____
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FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHAIFETZ, MALCOLM 350 FIFTH AVENUE NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RUBEINSTEIN, ESTELLE 215 E. 68TH ST. NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEVITT, MORTIMER 10 E 82ND STREET NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEVITT, ANNEMARIE 10 E 82ND STREET NY, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EBERLY, K 100 QUARRY RD., STE 2 HAMBURG, NJ 07419
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: <u>HARRY G. [Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>7/1/05</u>	Daytime Phone #: <u>973-823-1140</u>
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