
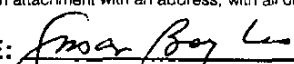


**FILED**  
**May 18, 2005 8:00 am**  
**Secretary of State**

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

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # L63010</b>			
1. Entity Name THE RAG SHOP/JENSEN BEACH, INC. 40			
Principal Place of Business 111 WAGARAW ROAD HAWTHORNE, NJ 07506-2711 US		Mailing Address 111 WAGARAW ROAD HAWTHORNE, NJ 07506-2711 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		01112005	Chg-P CR2E034 (10/03)
		4. FEI Number 65-0187137	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent 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	
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P, D STAFFIERI, RONALD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	S, D BOYKAS, SUSAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GERSTEL, JUDITH 111 WAGARAW ROAD HAWTHORNE, NJ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KING, T. SCOTT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LOMBARDO, JUDITH 111 WAGARAW ROAD HAWTHORNE, NJ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD BARNETT, STEVEN 111 WAGARAW ROAD HAWTHORNE, NJ <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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.			
SIGNATURE: 		Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			