

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L78890**

1. Entity Name  
**BED BATH & BEYOND OF SAWGRASS, INC.**



Principal Place of Business  
**650 LIBERTY AVE  
UNION, NJ 07083 US**

Mailing Address  
**650 LIBERTY AVE  
TAX DEPT.  
UNION, NJ 07083 US**



04152005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**22-3056776**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYES STREET  
SUITE 105  
TALLAHASSEE, FL 32301**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EISENBERG, WARREN 650 LIBERTY AVE UNION, NJ 07083
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD FEINSTEIN, LEONARD 110 BI COUNTY BLVD FARMINGDALE, NY 11735
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CURWIN, RONALD 650 LIBERTY AVE UNION, NJ 07083
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS TEMARES, STEVEN 650 LIBERTY AVE UNION, NJ 07083
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT CASTAGNA, EUGENE A 650 LIBERTY AVE UNION, NJ 07083
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000357093  
05/04/05-80061-009 150.00

**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)(l), 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:** EUGENE A. CASTAGNA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/05 (908) 688-0888  
Date Daytime Phone #