

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90093 020 ***150.00

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
ATTN:TAX DEPT
UNION, NJ 07083 US**

40073181



01102007 No Chg-P CR2E034 (11/05)

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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	EISENBERG, WARREN
STREET ADDRESS	650 LIBERTY AVE
CITY-ST-ZIP	UNION, NJ 07083
TITLE	VPS
NAME	FEINSTEIN, LEONARD
STREET ADDRESS	110 BI COUNTY BLVD
CITY-ST-ZIP	FARMINGDALE, NY 11735
TITLE	AS
NAME	RAUCH, ALLEN
STREET ADDRESS	650 LIBERTY AVE
CITY-ST-ZIP	UNION, NJ 07083
TITLE	VAS
NAME	TEMARES, STEVEN
STREET ADDRESS	650 LIBERTY AVE
CITY-ST-ZIP	UNION, NJ 07083
TITLE	T
NAME	CASTAGNA, EUGENE A
STREET ADDRESS	650 LIBERTY AVE
CITY-ST-ZIP	UNION, NJ 07083
TITLE	ASST. TREASURER
NAME	SUSAN E. LATTMANN
STREET ADDRESS	650 LIBERTY AVE.
CITY-ST-ZIP	UNION, NJ 07083

**DO NOT WRITE
IN THIS SPACE**

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: Susan E Latmann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASST. TREASURER

Date

908-688-0888

Daytime Phone #