2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000044396

FOLISE, CRAIG

48 SEMINARY DRIVE

MAHWAH, NJ 07430

Name:

Address:

City-St-Zip:

Entity Name: RESOURCES WAREHOUSE MIAMI, INC.

FILED Jan 29, 2004 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
7976 NW 14TH STREET MIAMI, FL 33126			1300 NW 78TH AVEN MIAMI, FL 33126	1300 NW 78TH AVENUE MIAMI, FL 33126	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
PO BOX 1 SECAUCL	067 JS, NJ 07096				
FEI Number	: 22-3730526	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
TALLAHAS The above	S STREET SSEE, FL 323 named entity of Florida.		purpose of changing its registere	ed office or registered agent, or both,	
SIGNATU					
Electronic Signature of Registered Age			gent	Date	
Election Car	mpaign Financir	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	D (ROSEN, STUA 1375 OXFORI MAHWAH, NJ	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (MORGAN, DA\ 1 GOODWILL METUCHEN, N	PLACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P (FOLISE, FRAN 48 SEMINARY MAHWAH, NJ	DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	TS () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: CRAIG FOLISE MR. 01/29/2004