

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000044396

FILED
Feb 26, 2005
Secretary of State

Entity Name: RESOURCES WAREHOUSE MIAMI, INC.

Current Principal Place of Business:

1300 NW 78TH AVENUE
MIAMI, FL 33126

New Principal Place of Business:

1590 N.W. 82ND AVENUE
MIAMI, FL 33126

Current Mailing Address:

PO BOX 1067
SECAUCUS, NJ 07096

New Mailing Address:

FEI Number: 22-3730525 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROSEN, STUART
Address: 1375 OXFORD STREET
City-St-Zip: MAHWAH, NJ 07430

Title: D () Delete
Name: MORGAN, DAVID
Address: 1 GOODWILL PLACE
City-St-Zip: METUCHEN, NJ 08840

Title: P () Delete
Name: FOLISE, FRANK V
Address: 48 SEMINARY DRIVE
City-St-Zip: MAHWAH, NJ 07430

Title: TS () Delete
Name: FOLISE, CRAIG
Address: 48 SEMINARY DRIVE
City-St-Zip: MAHWAH, NJ 07430

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: CRAIG FOLISE

TS

02/26/2005

Electronic Signature of Signing Officer or Director

Date