

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000082168

Entity Name: RAGS & BAGS, INC.

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

4900 LINTON BLVD
4
DELRAY BEACH, FL 33445 US

New Principal Place of Business:

Current Mailing Address:

4900 LINTON BLVD
4
DELRAY BEACH, FL 33445 US

New Mailing Address:

FEI Number: 65-1037384

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNOX, ELLEN
3550 GALT OCEAN DR.
STE 1007
FT. LAUDERDALE, FL 33308 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: KANZER, ANDREA
Address: 12027 BLAIR AVE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D () Delete
Name: LYMBER, MARLENE
Address: 5217 BRISATA CIRCLE APT K
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D () Delete
Name: MANN, MICHELLE
Address: 793 NW 25TH AVE
City-St-Zip: DELRAY BEACH, FL 33445

Title: D () Delete
Name: KNOX, ELLEN
Address: 3550 GALT OCEAN DR. #1007
City-St-Zip: FT. LAUDERDALE, FL 33308

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 exemption stated 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 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: ELLEN KNOX

TREA

04/27/2009

Electronic Signature of Signing Officer or Director

Date