

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90011 018 ***150.00

DOCUMENT # P05000024787

1. Entity Name

RAGDOLL, INC.



Principal Place of Business

7072 BERA CASA WAY
BOCA RATON FL 33433
US

Mailing Address

7072 BERA CASA WAY
BOCA RATON FL 33433
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-4294083

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

KROSS, JONATHAN P
2461 W. HILLSBORO BLVD.
DEERFIELD BEACH FL 33442-7901

7. Name and Address of New Registered Agent

Name

Sandra Sorkovitz

Street Address (P.O. Box Number is Not Acceptable)

7072 BERA CASA WAY

City

Boca Raton

FL

Zip Code

33433

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]

(NOTE: Registered Agent signature required when reinstating)

1/26/06

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P/D ☐ Delete
NAME LEJEUNE, ELISSA
STREET ADDRESS 7072 BERA CASA WAY
CITY-ST-ZIP BOCA RATON FL 33433

TITLE VP/D ☐ Delete
NAME LEVIN, ADINA
STREET ADDRESS 7072 BERA CASA WAY
CITY-ST-ZIP BOCA RATON FL 33433

TITLE T/D ☐ Delete
NAME SORKOWITZ, SONDR
STREET ADDRESS 7072 BERA CASA WAY
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature] Sandra Sorkovitz, Treas.

Date

Daytime Phone #

1/26/06 561-368-7600