

**FILED**  
**Jul 21, 2006 8:00 am**  
**Secretary of State**

07-21-2006 90081 001 \*3,000.00

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P93000019712**

1. Entity Name  
**THE RAG SHOP/EAST HOLLYWOOD, INC.**



Principal Place of Business  
**111 WAGARAW RD.  
HAWTHORNE, NJ 07506-2711 US**

Mailing Address  
**111 WAGARAW RD.  
HAWTHORNE, NJ 07506-2711 US**

**66022109**



07102006 Chg-P CR2E034 (11/05)

2. Principal Place of Business  
**3911 Oakwood Blvd.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Hollywood, FL**

City & State

Zip  
**33020**

Country  
**USA**

Zip

Country

4. FEI Number  
**65-0401499**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**7. Name and Address of New Registered Agent**

Name

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

City

**FL**

Zip Code

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STAFFIERI, RICHARD 111 WAGARAW ROAD HAWTHORNE, NJ 07506	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOYKAS, SUSAN 111 WAGARAW ROAD HAWTHORNE, NJ 07506	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, SCOTT T 111 WAGARAW ROAD HAWTHORNE, NJ 07506	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOMBARDO, JUDITH 111 WAGARAW ROAD HAWTHORNE, NJ 07506	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Mark Syrstad 111 Wagaraw Road Hawthorne, NJ 07506	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T Steven B. Barnett 111 Wagaraw Road Hawthorne, NJ 07506	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James D. Allen 111 Wagaraw Road Hawthorne, NJ 07506	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

*Steven B. Barnett*

**Steven B. Barnett**

**7/11/2006**

**973-423-1303**

Date

Daytime Phone #