

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90451 001 *3,000.00

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04172007 Chg-P CR2E034 (12/06)

4. FEI Number **58-1966313** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME SYRSTAD, MARK
STREET ADDRESS 111 WAGARAW RD. RAG SHOP
CITY-ST-ZIP HAWTHORNE, NJ 07506

TITLE ST ☒ Delete
NAME BARNETT, STEVEN B
STREET ADDRESS 111 WAGARAW RD. RAG SHOP
CITY-ST-ZIP HAWTHORNE, NJ 07506

TITLE V ☐ Delete
NAME LOMBARDO, JUDITH
STREET ADDRESS 111 WAGARAW RD. RAG SHOP
CITY-ST-ZIP HAWTHORNE, NJ

TITLE D ☐ Delete
NAME KING, SCOTT T
STREET ADDRESS 111 WAGARAW RD. RAG SHOP
CITY-ST-ZIP HAWTHORNE, NJ 07506

TITLE D ☐ Delete
NAME ALLEN, JAMES D
STREET ADDRESS 111 WAGARAW RD. RAG SHOP
CITY-ST-ZIP HAWTHORNE, NJ 07506

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SIV ☐ Change ☒ Addition
NAME Seth Udasin
STREET ADDRESS 111 Wagaraw Road
CITY-ST-ZIP Hawthorne, NJ 07506

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

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

TITLE ☐ Change ☐ Addition
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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 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 an other like empowered.

SIGNATURE

Seth Udasin Seth Udasin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/07

Date

(973) 423-1303 ext. 115

Daytime Phone #