


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2004 08:00 AM
Secretary of State

DOCUMENT # F00000002009

1. Entity Name
J.M. ORIGINALS, INC.



Principal Place of Business
**70 BERME ROAD
 ELLENVILLE, NY 12428**

Mailing Address
**P.O. BOX 628
 ELLENVILLE, NY 12428**



07012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
14-1620965

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BLUMBERG EXCELSIOR CORPORATE SERVICES, INC
 4435 OLD WINTER GARDEN ROAD
 ORLANDO, FL 32811**

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relating)

**FILE NOW!!! FEE IS \$150.00
 Due by September 8, 2004**

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: **D**
 NAME: **JARGOWSKY, MYRNA**
 STREET ADDRESS: **P.O. BOX 628**
 CITY-ST-ZIP: **ELLENVILLE, NY 12428**

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 07/29/04-80005-001 50.00~~ **DB**

TITLE: **D**
 NAME: **ARGINSKY, MARTHA**
 STREET ADDRESS: **P.O. BOX 628**
 CITY-ST-ZIP: **ELLENVILLE, NY 12428**

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 07/29/04-80005-001 150.00~~ **DB**

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TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

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TITLE: _____
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 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/04 **845-6447-3003**
Date Daytime Phone #