


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**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
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**DO NOT WRITE IN THIS SPACE**

**FILED**  
 05 SEP 15 AM 10:42  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
**59066823**



06302005 No Chg-P CR2E034 (10/03)

4. FEI Number 14-1620965	Applied For Not Applicable
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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 reinstating)

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

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	D JARGOWSKY, MYRNA P.O. BOX 628 ELLENVILLE, NY 12428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARGINSKY, MARTHA P.O. BOX 628 ELLENVILLE, NY 12428
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IN THIS SPACE**

000059794220  
09/20/05--01058--027 \*\*150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Myrna Jargowsky* **830.05** **845.647.3003**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #