

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 28, 2006 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**



08022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1620965	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

000000575481
08/29/06-80003-020 150.00

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

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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER: DIRECTOR

8-1-06

Date

845-647-3003

Daytime Phone #