


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F06000004781	
1. Entity Name BIG M, INC.	

FILED
08 SEP 25 PM 2:01
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 12 VREELAND AVE TOTOWA, NJ 07512	Mailing Address 12 VREELAND AVE TOTOWA, NJ 07512
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09152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-2118631	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

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 MANDELBAUM, LAURENCE H 12 VREELAND AVE TOTOWA, NJ 07512
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC MANDELBAUM, KEN M 12 VREELAND AVE TOTOWA, NJ 07512
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS MANDELBAUM, ALAN W 12 VREELAND AVE TOTOWA, NJ 07512
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANDELBAUM, MICHAEL 12 VREELAND AVE TOTOWA, NJ 07512
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC SCHWARTZ, STUART 12 VREELAND AVE TOTOWA, NJ 07512
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SCHWARTZ, STUART 12 VREELAND AVE TOTOWA, NJ 07512

000136339460
09/25/08--01040--015 **150.00

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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-15-08 9738900021
Date Daytime Phone #