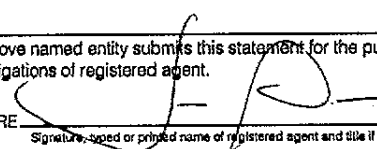
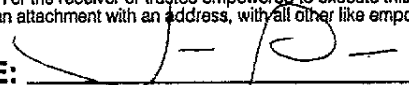


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000014934		
1. Entity Name ORIGINALS, INC.		
Principal Place of Business 4225 SW 147TH CT. MIAMI, FL 33155		Mailing Address 4225 SW 147TH CT. MIAMI, FL 33155
DO NOT WRITE IN THIS SPACE		
		 04072006 No Chg-P CR2E034 (11/05)
4. FEI Number 65-0821044		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
GUERRERO, LAURA 4225 SW 147TH CT. MIAMI, FL 33155		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, signed or printed name of registered agent and title if applicable.		DATE 04/25/06 (NOTE: Registered Agent signature required when reinstating)
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
		1000000556435 05/17/06-80009-015 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GUERRERO, LAURA 4225 SW 147TH CT. MIAMI, FL 33155	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ROTZINGER, THOMAS 4225 SW 147TH CT. MIAMI, FL 33155	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS 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 OR DIRECTOR		DATE 04/25/06 Daytime Phone #