

BI (Official Form 1) (04/13)

UNITED STATES BANKRUPTCY COURT  
Eastern District of New York

**VOLUNTARY PETITION**

Name of Debtor (if individual, enter Last, First, Middle): <b>Luxury Marketing Inc.</b>	Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all): <b>11-3197965</b>	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all):
Street Address of Debtor (No. and Street, City, and State): <b>40 Republic Rd, Unit A Melville, New York</b>	Street Address of Joint Debtor (No. and Street, City, and State):
ZIP CODE <b>11747</b>	ZIP CODE
County of Residence or of the Principal Place of Business: <b>Suffolk County</b>	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): <b>9 Stell Lane East Northport, New York</b>	Mailing Address of Joint Debtor (if different from street address):
ZIP CODE <b>11731</b>	ZIP CODE
Location of Principal Assets of Business Debtor (if different from street address above):	
ZIP CODE	

<b>Type of Debtor</b> (Form of Organization) (Check one box.) <ul style="list-style-type: none"> <li><input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i></li> <li><input checked="" type="checkbox"/> Corporation (includes LLC and LLP)</li> <li><input type="checkbox"/> Partnership</li> <li><input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)</li> </ul>	<b>Nature of Business</b> (Check one box.) <ul style="list-style-type: none"> <li><input type="checkbox"/> Health Care Business</li> <li><input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B)</li> <li><input type="checkbox"/> Railroad</li> <li><input type="checkbox"/> Stockbroker</li> <li><input type="checkbox"/> Commodity Broker</li> <li><input type="checkbox"/> Clearing Bank</li> <li><input checked="" type="checkbox"/> Other</li> </ul>	<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box.) <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Chapter 7</td> <td><input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding</td> </tr> <tr> <td><input type="checkbox"/> Chapter 9</td> <td><input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding</td> </tr> <tr> <td><input checked="" type="checkbox"/> Chapter 11</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Chapter 12</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Chapter 13</td> <td></td> </tr> </table>	<input type="checkbox"/> Chapter 7	<input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding	<input type="checkbox"/> Chapter 9	<input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding	<input checked="" type="checkbox"/> Chapter 11		<input type="checkbox"/> Chapter 12		<input type="checkbox"/> Chapter 13	
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<input checked="" type="checkbox"/> Chapter 11												
<input type="checkbox"/> Chapter 12												
<input type="checkbox"/> Chapter 13												

<b>Chapter 15 Debtors</b> Country of debtor's center of main interests:  Each country in which a foreign proceeding by, regarding, or against debtor is pending:	<b>Tax-Exempt Entity</b> (Check box, if applicable.) <ul style="list-style-type: none"> <li><input type="checkbox"/> Debtor is a tax-exempt organization under title 26 of the United States Code (the Internal Revenue Code).</li> </ul>	<b>Nature of Debts</b> (Check one box.) <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."</td> <td><input checked="" type="checkbox"/> Debts are primarily business debts.</td> </tr> </table>	<input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."	<input checked="" type="checkbox"/> Debts are primarily business debts.
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<b>Filing Fee</b> (Check one box.) <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Full Filing Fee attached.</li> <li><input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.</li> <li><input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.</li> </ul>	<b>Chapter 11 Debtors</b> <p><b>Check one box:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D).</li> <li><input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).</li> </ul> <p><b>Check if:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years thereafter).</li> </ul> <p><b>Check all applicable boxes:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A plan is being filed with this petition.</li> <li><input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).</li> </ul>
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<b>Statistical/Administrative Information</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors.</li> <li><input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.</li> </ul> <table style="width:100%; border: none;"> <tr> <td colspan="10"><b>Estimated Number of Creditors</b></td> </tr> <tr> <td><input checked="" type="checkbox"/> 1-49</td> <td><input type="checkbox"/> 50-99</td> <td><input type="checkbox"/> 100-199</td> <td><input type="checkbox"/> 200-999</td> <td><input type="checkbox"/> 1,000-5,000</td> <td><input type="checkbox"/> 5,001-10,000</td> <td><input type="checkbox"/> 10,001-25,000</td> <td><input type="checkbox"/> 25,001-50,000</td> <td><input type="checkbox"/> 50,001-100,000</td> <td><input type="checkbox"/> Over 100,000</td> </tr> <tr> <td colspan="10"><b>Estimated Assets</b></td> </tr> <tr> <td><input type="checkbox"/> \$0 to \$50,000</td> <td><input checked="" type="checkbox"/> \$50,001 to \$100,000</td> <td><input type="checkbox"/> \$100,001 to \$500,000</td> <td><input type="checkbox"/> \$500,001 to \$1 million</td> <td><input type="checkbox"/> \$1,000,001 to \$10 million</td> <td><input type="checkbox"/> \$10,000,001 to \$50 million</td> <td><input type="checkbox"/> \$50,000,001 to \$100 million</td> <td><input type="checkbox"/> \$100,000,001 to \$500 million</td> <td><input type="checkbox"/> \$500,000,001 to \$1 billion</td> <td><input type="checkbox"/> More than \$1 billion</td> </tr> <tr> <td colspan="10"><b>Estimated Liabilities</b></td> </tr> <tr> <td><input type="checkbox"/> \$0 to \$50,000</td> <td><input type="checkbox"/> \$50,001 to \$100,000</td> <td><input checked="" type="checkbox"/> \$100,001 to \$500,000</td> <td><input type="checkbox"/> \$500,001 to \$1 million</td> <td><input type="checkbox"/> \$1,000,001 to \$10 million</td> <td><input type="checkbox"/> \$10,000,001 to \$50 million</td> <td><input type="checkbox"/> \$50,000,001 to \$100 million</td> <td><input type="checkbox"/> \$100,000,001 to \$500 million</td> <td><input type="checkbox"/> \$500,000,001 to \$1 billion</td> <td><input type="checkbox"/> More than \$1 billion</td> </tr> </table>	<b>Estimated Number of Creditors</b>										<input checked="" type="checkbox"/> 1-49	<input type="checkbox"/> 50-99	<input type="checkbox"/> 100-199	<input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> Over 100,000	<b>Estimated Assets</b>										<input type="checkbox"/> \$0 to \$50,000	<input checked="" type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion	<b>Estimated Liabilities</b>										<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input checked="" type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion	<b>THIS SPACE IS FOR COURT USE ONLY</b>
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<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case.)</i>		Name of Debtor(s): <b>Luxury Marketing Inc</b>	
<b>All Prior Bankruptcy Cases Filed Within Last 8 Years</b> (If more than two, attach additional sheet.)			
Location Where Filed: n/a	Case Number: n/a	Date Filed:	
Location Where Filed: n/a	Case Number: n/a	Date Filed:	
<b>Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor</b> (If more than one, attach additional sheet.)			
Name of Debtor: n/a	Case Number: n/a	Date Filed:	
District:	Relationship:	Judge:	
<p style="text-align:center;"><b>Exhibit A</b></p> <p>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p>	<p style="text-align:center;"><b>Exhibit B</b></p> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts.)</p> <p>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b).</p> <p>X _____ Signature of Attorney for Debtor(s) (Date)</p>		

**Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

Yes, and Exhibit C is attached and made a part of this petition.

No.

**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

Exhibit D, completed and signed by the debtor, is attached and made a part of this petition.

If this is a joint petition:

Exhibit D, also completed and signed by the joint debtor, is attached and made a part of this petition.

**Information Regarding the Debtor - Venue**  
(Check any applicable box.)

Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.

There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.

Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

**Certification by a Debtor Who Resides as a Tenant of Residential Property**  
(Check all applicable boxes.)

Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

\_\_\_\_\_  
(Name of landlord that obtained judgment)

\_\_\_\_\_  
(Address of landlord)

Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and

Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.

Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case.)</i>		<b>Name of Debtor(s):</b> Luxury Marketing Inc	
<b>Signatures</b>			
<b>Signature(s) of Debtor(s) (Individual/Joint)</b>  I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).  I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  X _____ Signature of Debtor  X _____ Signature of Joint Debtor  _____ Telephone Number (if not represented by attorney)  _____ Date		<b>Signature of a Foreign Representative</b>  I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.  (Check only one box.)  <input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.  <input type="checkbox"/> Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.  X _____ (Signature of Foreign Representative)  _____ (Printed Name of Foreign Representative)  _____ Date	
X <u>RA</u> _____ <b>Signature of Attorney*</b> Signature of Attorney for Debtor(s) Roman Akopian, Esq. Printed Name of Attorney for Debtor(s) AKOPIAN LLC Firm Name 883 Schuyler Ave, Suite 16 Kearny, NJ 07032 Address 201-755-4853 Telephone Number 11/02/2015 Date  *In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.		<b>Signature of Non-Attorney Bankruptcy Petition Preparer</b>  I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.  _____ Printed Name and title, if any, of Bankruptcy Petition Preparer  _____ Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)  _____ Address  X _____ Signature  _____ Date  Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.  Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.  If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.  <i>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.</i>	
<b>Signature of Debtor (Corporation/Partnership)</b>  I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.  The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition.  X _____ Signature of Authorized Individual Doug Parchment Printed Name of Authorized Individual President Title of Authorized Individual 11/02/2015 Date			

B 4 (Official Form 4) (12/07)

# UNITED STATES BANKRUPTCY COURT

Eastern District of New York

In re Luxury Marketing Inc.,  
Debtor

Case No. \_\_\_\_\_

Chapter 11

## LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address, including zip code</i>  See attached sheet	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed or subject to setoff</i>	<i>Amount of claim [if secured also state value of security]</i>

Date: \_\_\_\_\_

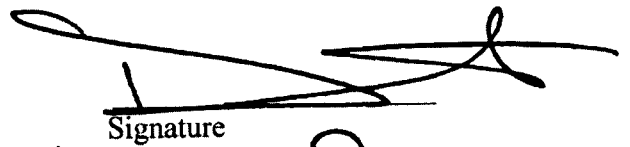
\_\_\_\_\_  
Debtor

*[Declaration as in Form 2]*

(1) Name of creditor and complete mailing address including zip code	(2) Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	(3) Nature of claim (trade debt, bank loan, government contract, etc.)	(4) Indicate if claim is contingent, unliquidated, disputed or subject to setoff	(5) Amount of claim [if secured also state value of security]
American Express PO Box 297812 Ft. Lauderdale, FL 33329	American Express PO Box 297812 Ft. Lauderdale, FL 33329	Credit Card		\$22,000.00
Internal Revenue Services 1180 Veterans Memorial Highway Hauppauge, NY 11788	Internal Revenue Services 1180 Veterans Memorial Highway Hauppauge, NY 11788	Federal Taxes		\$59,000.00
NYS Department of Taxation and Finance PO Box 3969 New York, NY 10008	NYS Department of Taxation and Finance PO Box 3969 New York, NY 10008	New York State Taxes		\$11,000.00
NYS Unemployment Department PO Box 4301 Binghamton, NY 13902	NYS Unemployment Department PO Box 4301 Binghamton, NY 13902	New York State Unemployment taxes		\$5,000.00
Trisol Realty & Leasing LLC 31 Skyview Drive Plainview, NY 11803	Trisol Realty & Leasing LLC 31 Skyview Drive Plainview, NY 11803 Att: Gary Schoer Ph: 516-496-3500	Rent	Disputed	\$59,000.00

I declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date: 11/3/15



Signature

Douglas Parchment

Print Name and Title

PRESIDENT

# UNITD STATES BANKRUPTCY COURT

Eastern District of New York

In re Luxury Marketing Inc.  
Debtor

Case Number \_\_\_\_\_

Chapter 11 \_\_\_\_\_

As per 11 U.S.C. § 1116 (1)(A), attached are the Debtor's most recent Tax Return, Balance Sheet, cash-flow statement, and statement of operations.

Form **1120S**

**U.S. Income Tax Return for an S Corporation**

OMB No. 1545-0123

Department of the Treasury  
Internal Revenue Service

Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.  
Information about Form 1120S and its separate instructions is at [www.irs.gov/form1120s](http://www.irs.gov/form1120s).

**2014**

For calendar year 2014 or tax year beginning \_\_\_\_\_, 2014, ending \_\_\_\_\_

<b>A</b> S election effective date 01/01/90	<b>TYPE</b> <b>OR</b> <b>PRINT</b>	<b>Name</b> LUXURY MARKETING INC	<b>D</b> Employer identification number 11-3197965
<b>B</b> Business activity code number (see instrs) 423700		<b>Number, street, and room or suite no. If a P.O. box, see instructions.</b> 9 STELL LANE	<b>E</b> Date incorporated 01/01/90
<b>C</b> Check if Schedule M-3 attached <input type="checkbox"/>		<b>City or town, state or province, country, and ZIP or foreign postal code</b> East Northport NY 11731	<b>F</b> Total assets (see instructions) \$ 8,225.

**G** Is the corporation electing to be an S corporation beginning with this tax year? Yes  No  If 'Yes,' attach Form 2553 if not already filed

**H** Check if: (1)  Final return (2)  Name change (3)  Address change  
(4)  Amended return (5)  S election termination or revocation

**I** Enter the number of shareholders who were shareholders during any part of the tax year: \_\_\_\_\_

**Caution.** Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

<b>INCOME</b>	<b>1 a</b> Gross receipts or sales	456,311.
	<b>b</b> Returns and allowances	
	<b>1 c</b> Balance. Subtract line 1b from line 1a	456,311.
	<b>2</b> Cost of goods sold (attach Form 1125-A)	
	<b>3</b> Gross profit. Subtract line 2 from line 1c	456,311.
	<b>4</b> Net gain (loss) from Form 4797, line 17 (attach Form 4797)	
<b>5</b> Other income (loss) (see instrs - alt statement)		
<b>6</b> Total income (loss). Add lines 3 through 5	456,311.	
<b>DEDUCTIONS</b>	<b>7</b> Compensation of officers (see instructions - attach Form 1125-E)	
	<b>8</b> Salaries and wages (less employment credits)	103,058.
	<b>9</b> Repairs and maintenance	1,151.
	<b>10</b> Bad debts	
	<b>11</b> Rents	175,914.
	<b>12</b> Taxes and licenses	19,440.
	<b>13</b> Interest	13,316.
	<b>14</b> Depreciation not claimed on Form 1125-A or other where on return (attach Form 4562)	603.
	<b>15</b> Depletion (Do not deduct oil and gas depletion)	
	<b>16</b> Advertising	5,189.
	<b>17</b> Pension, profit-sharing, etc. plans	
	<b>18</b> Employee benefit programs	
	<b>19</b> Other deductions (attach statements)	160,190.
	<b>20</b> Total deductions. Add lines 7 through 19	478,861.
	<b>21</b> Ordinary business income (loss). Subtract line 20 from line 6	-22,550.
<b>TAX AND PAYMENTS</b>	<b>22 a</b> Excess net passive income (see instructions)	
	<b>22 b</b> Tax from Schedule D (Form 1120S)	
	<b>22 c</b> Add lines 22a and 22b (see instructions)	
	<b>23 a</b> 2014 estimated tax payments and 2013 overpayment credited to 2014	
	<b>23 b</b> Tax deposited with Form 700	0.
	<b>23 c</b> Credit for federal tax paid on fuels (attach Form 4136)	
	<b>23 d</b> Add lines 23a through 23c	0.
	<b>24</b> Estimated tax (see instructions). Check if Form 2220 is attached	<input type="checkbox"/>
	<b>25</b> Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed	0.
	<b>26</b> Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid	
<b>27</b> Enter amount from line 26 credited to 2015 estimated tax	Refunded	

Under penalty of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. My preparation of this return is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of preparer	Date	Signature of officer	Date	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Janet Schaare		OFFICER		
<b>Paid Preparer Use Only</b>	Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Janet Schaare	Janet Schaare	03/24/15		P00187879
	Firm's name	Firm's address		Firm's EIN	
	Janet Schaare	10 Windsormere Way Ste. 200		59-3596678	
		Oviedo FL 32765		Phone no. (407) 359-5083	

BAA For Paperwork Reduction Act Notice, see separate instructions.

SPSA0112 08/06/14

Form 1120S (2014)



Schedule B Other Information (see instructions)

	Yes	No
1 Check accounting method: a <input checked="" type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ▶		
2 See the instructions and enter the: a Business activity. ▶ BATH/KITCH SUPPLIES b Product or service. ▶ WHOLESALE SALES		
3 At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation		X
4 At the end of the tax year, did the corporation: a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below.		X

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) is 100%, Enter the Date (if any) a Qualified Subchapter S Subsidiary Election Was Made

	Yes	No
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum % Owned in Profit, Loss, or Capital

	Yes	No
5a At the end of the tax year, did the corporation have any outstanding shares of restricted stock? If "Yes," complete lines (i) and (ii) below. (i) Total shares of restricted stock (ii) Total shares of non-restricted stock		X

	Yes	No
b At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? If "Yes," complete lines (i) and (ii) below. (i) Total shares of stock outstanding at the end of the tax year (ii) Total shares of stock outstanding if all instruments were executed		X

	Yes	No
6 Has this corporation filed, or is it required to file, Form 18, Material Advisor Disclosure Statement, to provide information on any reportable transaction?		X

	Yes	No
7 Check this box if the corporation issued publicly offered debt instruments with original issue discount. If checked, the corporation may be required to file Form 1099-1, Information Return for Publicly Offered Original Issue Discount Instruments.		X

	Yes	No
8 If the corporation: (a) was a C corporation and elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years (see instructions)		X

	Yes	No
9 Enter the accumulated earnings and profits of the corporation at the end of the tax year. \$		X

	Yes	No
10 Does the corporation meet both of the following conditions? a The corporation's total receipts (see instructions) for the tax year were less than \$250,000 b The corporation's total assets at the end of the tax year were less than \$250,000. If "Yes," the corporation is not required to complete Schedules L and M-1.		X

	Yes	No
11 During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms renegotiated so as to reduce the principal amount of the debt? If "Yes," enter the amount of principal reduction \$		X

	Yes	No
12 During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions		X

	Yes	No
13 a Did the corporation make any payments in 2014 that would require it to file Form(s) 1099?		X

	Yes	No
b If "Yes," did the corporation file or will it file required Forms 1099?		X

**Shareholders' Pro Rata Share Items**

			Total amount
Income (Loss)	1 Ordinary business income (loss) (page 1, line 21)		1 -22,550.
	2 Net rental real estate income (loss) (attach Form 8825)		2
	3a Other gross rental income (loss)	3a	
	b Expenses from other rental activities (attach statement)	3b	
	c Other net rental income (loss). Subtract line 3b from line 3a		3c
	4 Interest income		4
	5 Dividends: a Ordinary dividends		5a
	b Qualified dividends	5b	
	6 Royalties		6
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120S))		7
8a Net long-term capital gain (loss) (attach Schedule D (Form 1120S))		8a	
	b Collectibles (28%) gain (loss)	8b	
	c Unrecaptured section 1250 gain (attach statement)	8c	
9 Net section 1231 gain (loss) (attach Form 4797)		9	
10 Other income (loss) (see instructions) Type ▶		10	
Deductions	11 Section 179 deduction (attach Form 4562)		11
	12a Charitable contributions Cash contribution (50%)		12a 915.
	b Investment interest expense		12b
	c Section 59(e)(2) expenditures (1) Type ▶ (2) Amount ▶		12c (2)
d Other deductions (see instructions) Type ▶		12d	
Credits	13a Low-income housing credit (section 42(j)(5))		13a
	b Low-income housing credit (other)		13b
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3452, if applicable)		13c
	d Other rental real estate credits (see instrs) Type ▶		13d
	e Other rental credits (see instrs) Type ▶		13e
	f Biofuel producer credit (attach Form 6478)		13f
	g Other credits (see instructions) Type ▶		13g
Foreign Transactions	14a Name of country or U.S. possession		
	b Gross income from all sources		14b
	c Gross income sourced at shareholder level		14c
	Foreign gross income sourced at corporate level		
	d Passive category		14d
	e General category		14e
	f Other (attach statement)		14f
	Deductions allocated and apportioned at shareholder level		
	g Interest expense		14g
	h Other		14h
	Deductions allocated and apportioned at corporate level to foreign source income		
	i Passive category		14i
	j General category		14j
	k Other (attach statement)		14k
Other information			
l Total foreign taxes paid (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued		14l	
m Reduction in taxes available for credit (attach statement)		14m	
n Other foreign tax information (attach statement)			
Alternative Minimum Tax (AMT) Items	15a Post-1986 depletion adjustment		15a 97.
	b Capital gain or loss		15b
	c Depletion other than oil and gas		15c
	d Oil, gas, and geothermal properties — gross income		15d
	e Oil, gas, and geothermal properties — deductions		15e
	f Other AMT items (attach statement)		15f
Items Affecting Shareholder Basis	16a Tax-exempt interest income		16a
	b Other tax-exempt income		16b
	c Nondeductible expenses		16c
	d Distributions (attach stmt if required) (see instrs)		16d 2,621.
	e Repayment of loans from shareholders		16e

NOT FILE

**Schedule K-1 Shareholders' Pro Rata Share Items (continued)**

Other Information	Description	Total amount	
		Code	Amount
	17 a Investment income	17a	
	b Investment expenses	17b	
	c Dividend distributions paid from accumulated earnings and profits	17c	
	d Other items and amounts (attach statement)		
Reconciliation	18 Income/loss reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 14l	18	-23,465.

**Schedule L Balance Sheets per Books**

Assets	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
1 Cash		-305.		-1,629.
2 a Trade notes and accounts receivable				
b Less allowance for bad debts				
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities (see instructions)				
6 Other current assets (attach stmt)				
7 Loans to shareholders		101,241.		
8 Mortgage and real estate loans				
9 Other investments (attach statement)				
10 a Buildings and other depreciable assets	59,296.		62,226.	
b Less accumulated depreciation	51,769.	7,529.	52,372.	9,854.
11 a Depletable assets				
b Less accumulated depletion				
12 Land (net of any amortization)				
13 a Intangible assets (amortizable only)				
b Less accumulated amortization				
14 Other assets (attach stmt)				
15 Total assets		108,465.		8,225.
<b>Liabilities and Shareholders' Equity</b>				
16 Accounts payable				
17 Mortgages, notes, bonds payable in less than 1 year				
18 Other current liabilities (attach stmt)				
19 Loans from shareholders				
20 Mortgages, notes, bonds payable in 1 year or more		141,439.		67,285.
21 Other liabilities (attach statement)				
22 Capital stock		100.		100.
23 Additional paid-in capital				
24 Retained earnings		-33,074.		-59,160.
25 Adjustments to shareholders' equity (attach statement)				
26 Less cost of treasury stock				
27 Total liabilities and shareholders' equity		108,465.		8,225.

DO DO

**Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return**

Note. The corporation may be required to file Schedule M-3 (see instructions)

1	Net income (loss) per books . . . . .	-26,086.	5	Income recorded on books this year not included on Schedule K, lines 1 through 10 (Itemize):	
2	Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (Itemize):		a	Tax-exempt interest \$	
3	Expenses recorded on books this year not included on Schedule K, lines 1 through 12, and 14I (Itemize):		6	Deductions included on Schedule K, lines 1 through 12 and 14I, not charged against book income this year (Itemize):	
a	Depreciation . . . . \$		a	Depreciation . . \$	
b	Travel and entertainment. \$	2,621.	7	Add lines 5 and 6. . . . .	
		2,621.	8	Income (loss) (Schedule K, ln 18). Ln 4 less ln 7 . . . . .	-23,465.
4	Add lines 1 through 3. . . . .	-23,465.			

**Schedule M-2 Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed (see instructions)**

	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1	Balance at beginning of tax year . . . . .	-33,000.	0.
2	Ordinary income from page 1, line 21 . . . . .		
3	Other additions . . . . .		
4	Loss from page 1, line 21 . . . . .	27,650.	
5	Other reductions . . . . . * STMT . . . . .	7,536.	
6	Combine lines 1 through 5 . . . . .	-9,160.	0.
7	Distributions other than dividend distributions . . . . .		
8	Balance at end of tax year. Subtract line 7 from line 6. . . . .	-9,160.	0.

DO NOT FILE

12/23/14

New York State Department of Taxation and Finance

2014

New York S Corporation Franchise Tax Return  
Tax Law - Articles 9-A and 22

CT-3-S

All filers must enter tax period:

Final return (see instructions)

Amended return

beginning 01-01-14

ending 12-31-14

Employer identification number (EIN) 11-3197965	File number AA8	Business telephone number 631-293-7070	If you have any subsidiaries incorporated outside NYS, mark an X in the box <input type="checkbox"/>	If you claim an overpayment, mark an X in the box <input type="checkbox"/>
Legal name of corporation LUXURY MARKETING INC		Trade name/DBA		
Mailing name (if different from legal name above) c/o		St. or country of incorporation NY	Date received (for Tax Department use only)	
Number and street or PO box 9 STELL LANE		City of incorporation 01-90		
City EAST NORTHPORT	State NY	ZIP code 11731	Foreign incorporation date (if applicable)	
NAICS business code number (from NYS Pub 910) 423700	If address/phone above is new, mark an X in the box <input type="checkbox"/>	If you need to update your address or phone information for corporate tax or other tax purposes, you can do so online. See <i>Business Information</i> in Form CT-1.		Audit (for Tax Department use only)
NYS Principal business activity BATH/KITCH SUPPLIES		S corporation effective date		
Has the corporation revoked its election to be treated as a New York S corporation? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, enter effective date:				
Number of shareholders 1				

**A** Pay amount shown on line 46. Make payable to: **New York State Corporation**  
 Attach your payment here. Detach all check stubs. (See instructions for details.)

Payment enclosed	175.
------------------	------

You must attach a copy of the following: (1) federal Form 1120S (if required); (2) Form CT-34-SH; (3) Form CT-3-S-ATT (if required; see instructions); (4) Form CT-60-QSSS (if required; see instructions); and (5) any applicable credit claim forms.

- B** If you filed a return(s) other than federal Form 1120S, enter the form number(s) here . . . . .
- C** If you included a qualified subchapter S subsidiary (QSSS) in this return, mark an X in the box and attach Form CT-60-QSSS. . . . .
- D** Have you underreported your tax due on past returns? To correct this without penalty, visit our Web site (see instructions).
- E** Enter your business allocation percentage (if you did not complete Form CT-3-S-ATT, Schedule A, you must enter either 0 or 100) . . . . .
- F** Enter your investment allocation percentage (if you did not complete Form CT-3-S-ATT, Schedule B, you must enter either 0 or 100) . . . . .
- G** Did the S corporation make an IRC section 338 or 453 election? . . . . . Yes  No
- H** Did this entity have an interest in real property located in New York State during the last three years? . . . . . Yes  No
- I** Has there been a transfer or acquisition of a controlling interest in this entity during the last three years? . . . . . Yes  No
- J** If the IRS has conducted an audit of any of your returns within the last five years, list years . . . . .
- K** If this return is for a New York termination year, mark an X in the appropriate box to indicate which method of accounting was used for the New York S corporation year (see instructions). . . . . Normal accounting rules  Daily pro rata allocation
- L** Issuer's allocation percentage (see instructions). . . . .
- M** Mark an X in the box if you are filing Form CT-3-S as a result of the mandatory New York S election of Tax Law, Article 22, section 660(i) . . . . .
- N** If you are one of the following, mark an X in one box: QETC  Qualified New York manufacturer . . . . . Eligible qualified New York manufacturer
- O** Did you include any disregarded entities in this return? (mark an X in the appropriate box) . . . . . Yes  No   
If Yes, enter the name(s) and EIN(s) on Form CT-60-QSSS and attach it to your return.
- P** If you filed as a New York C corporation in previous years, enter the last year filed as such . . . . .
- Q** Are you a residual interest holder in a real estate mortgage investment conduit (REMIC)? . . . . . Yes  No



**Provide the information for lines 1 through 10 from the corresponding lines on your federal Form 1120S, Schedule K, total amount column. (Show any negative amounts with a minus (-) sign; do not use parentheses or brackets.)**

1 Ordinary business income or loss	1	-22,550.
2 Net rental real estate income or loss	2	
3 Other net rental income or loss	3	
4 Interest income	4	
5 Ordinary dividends	5	
6 Royalties	6	
7 Net short-term capital gain or loss	7	
8 Net long-term capital gain or loss	8	
9 Net section 1231 gain or loss	9	
10 Other income or loss	10	
11 Loans to shareholders (from federal Form 1120S, Schedule L, line 7, columns b and c) Beginning of tax year <input type="text" value="101,241."/> End of tax year <input type="text"/>		
12 Total assets (from federal Form 1120S, Schedule L, line 15, columns b and d) Beginning of tax year <input type="text" value="108,465."/> End of tax year <input type="text" value="8,225."/>		
13a Loans from shareholders (from federal Form 1120S, Schedule L, line 19, columns b and c) Beginning of tax year <input type="text"/> End of tax year <input type="text"/>		
13b If any portion of such loans was used as basis to deduct current or suspended loss, enter amount used	13b	

**Provide the information for lines 14 through 21 from the corresponding lines on your federal Form 1120S, Schedule M-2. (Show any negative amounts with a minus (-) sign; do not use parentheses or brackets.)**

	A Accumulated adjustments account	B Other adjustments account	C Shareholders' undistributed taxable income previously taxed
14 Balance at beginning of tax year	-33,074.	0.	
15 Ordinary income from federal Form 1120S, page 1, line 21			
16 Other additions			
17 Loss from federal Form 1120S, page 1, line 21	22,550.		
18 Other reductions	3,536.		
19 Add lines 14 through 18	-59,160.	0.	
20 Distributions other than dividend distributions			
21 Balance at end of tax year. Subtract line 20 from line 19	-59,160.	0.	

**Computation of tax (see instructions)**

Have you been convicted of an offense, or were you an owner of an entity convicted of an offense, defined in

New York State Penal Law Article 200 or 496, or section 195.20? (see Form CT-1, mark an X in one box) Yes  No

You must enter an amount on line 22; if none, enter 0

22 New York recapture tax (see instructions)	22	456,311.
23 Fixed dollar minimum tax (see instructions)	23	175.
24 Recapture of tax credits (see instructions)	24	
25 Total tax after recapture tax credits (add lines 23 and 24)	25	175.
26 Special dividend mortgage recording tax credit (current year or deferred; see instructions)	26	
27 Tax after tax credits (subtract line 26 from line 25)	27	175.
<b>First installment of estimated tax for the next tax period:</b>		
28 Enter amount from line 27	28	175.
29 If you filed for extension, enter amount from Form CT-5.4, line 2	29	
30 If you did not file Form CT-5.4 and line 28 is over \$1,000, enter 25% (.25) of line 28. Otherwise enter 0	30	
31 Add line 28 and line 29 or 30.	31	175.

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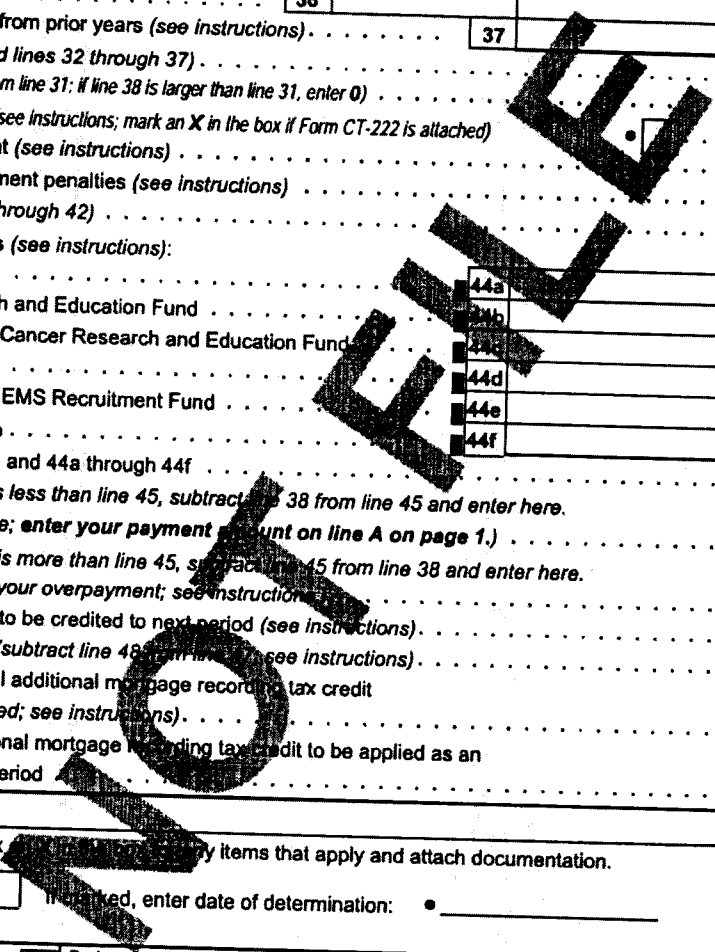


LUXURY MARKETING INC

11-3197965

**Computation of tax (continued)**

Composition of prepayments (see instructions):		Date paid	Amount
32	Mandatory first installment . . . . .	32	
33	Second installment from Form CT-400 . . . . .	33	
34	Third installment from Form CT-400 . . . . .	34	
35	Fourth installment from Form CT-400 . . . . .	35	
36	Payment with extension request from Form CT-5.4 . . . . .	36	
37	Overpayment credited from prior years (see instructions) . . . . .	37	
38	Total prepayments (add lines 32 through 37) . . . . .	38	
39	Balance (subtract line 38 from line 31; if line 38 is larger than line 31, enter 0) . . . . .	39	175.
40	Estimated tax penalty (see Instructions; mark an X in the box if Form CT-222 is attached) . . . . .	40	0.
41	Interest on late payment (see instructions) . . . . .	41	
42	Late filing and late payment penalties (see instructions) . . . . .	42	
43	Balance (add lines 39 through 42) . . . . .	43	175.
<b>Voluntary gifts/contributions (see instructions):</b>			
44a	Return a Gift to Wildlife . . . . .	44a	
44b	Breast Cancer Research and Education Fund . . . . .	44b	
44c	Prostate and Testicular Cancer Research and Education Fund . . . . .	44c	
44d	9/11 Memorial . . . . .	44d	
44e	Volunteer Firefighting & EMS Recruitment Fund . . . . .	44e	
44f	Veterans Remembrance . . . . .	44f	
45	Add lines 31, 40, 41, 42, and 44a through 44f . . . . .	45	175.
46	Balance due (if line 38 is less than line 45, subtract line 38 from line 45 and enter here. This is the amount due; enter your payment amount on line A on page 1.) . . . . .	46	175.
47	Overpayment (if line 38 is more than line 45, subtract line 45 from line 38 and enter here. This is the amount of your overpayment; see instructions) . . . . .	47	
48	Amount of overpayment to be credited to next period (see instructions) . . . . .	48	
49	Refund of overpayment (subtract line 48 from line 47; see instructions) . . . . .	49	
50	Refund of unused special additional mortgage recording tax credit (current year or deferred; see instructions) . . . . .	50	
51	Amount of special additional mortgage recording tax credit to be applied as an overpayment to next period . . . . .	51	



**Amended return information**

If filing an amended return, mark  by items that apply and attach documentation.

Final federal determination  If checked, enter date of determination: \_\_\_\_\_

Third-party designee (see instructions)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Designee's name (print) Janet Schaare	Designee's phone number 407-359-5083
	Designee's e-mail address Livoak3519@aol.com	PIN	
Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.			
Authorized person	Printed name of authorized person	Signature of authorized person	Official title OFFICER
	Telephone number 631-293-7070	Date 03-21-15	
Paid preparer use only (see instr.)	Firm's name (do not use if self-employed) JANET SCHAARE	Firm's EIN 59-3596678	Preparer's PTIN or SSN P00187879
	Signature of individual preparing this return Janet Schaare	Address 10 WINDSORMERE WAY STE. 200 OVIEDO	City State ZIP Code FL 32765
	E-mail address of individual preparing this return Livoak3519@aol.com	Preparer's NYTPRN	Date 03-24-15

See instructions for where to file.

NYSQA0334 01/22/15

440003141030



LUXURY MARKETING INC (N.Y)  
Income Statement  
For the Twelve Months Ending December 31, 2014

	Current Month		Year to Date	
Revenues				
Income	\$ 25,832.89	100.00	\$ 456,310.65	100.00
Total Revenues	<u>25,832.89</u>	<u>100.00</u>	<u>456,310.65</u>	<u>100.00</u>
Cost of Sales				
Subcontractors	0.00	0.00	5,823.99	1.28
Outside Service	0.00	0.00	6,653.54	1.46
Wages	9,600.00	37.16	103,058.12	22.59
Payroll Taxes	(3,539.44)	(13.70)	11,276.36	2.47
Waste Removal	674.75	2.61	1,140.55	0.25
Total Cost of Sales	<u>6,735.31</u>	<u>26.07</u>	<u>127,952.56</u>	<u>28.04</u>
Gross Profit	<u>19,097.58</u>	<u>73.93</u>	<u>328,358.09</u>	<u>71.96</u>
Expenses				
Advertising	1,287.47	4.98	5,189.33	1.14
Auto Rental	0.00	0.00	31.90	0.01
Employee Car Lease Allowance	1,000.00	3.87	2,000.00	0.44
Commission	2,457.66	9.51	16,189.58	3.55
Depreciation	603.00	2.33	603.00	0.13
Employee Medical	(201.78)	(0.78)	20,754.33	4.55
Entertainment/Meals	606.46	2.35	5,242.65	1.15
Liability Insurance	0.00	0.00	348.22	0.08
Vehicle Insurance	237.45	0.92	2,286.27	0.50
Workers Comp Insurance	0.00	0.00	1,127.00	0.25
Interest/Finance Charges	1,043.51	4.04	13,315.67	2.92
Licenses & Permits	0.00	0.00	9.00	0.00
Taxes	0.00	0.00	8,154.94	1.79
Auto Repairs	2,962.97	11.47	7,835.50	1.72
Tolls/Parking	1,031.77	3.99	7,860.54	1.72
Repairs/Maintenance	179.75	0.70	1,150.88	0.25
Office	1,205.04	4.66	13,086.77	2.87
Postage/Freight	527.03	2.04	4,767.78	1.04
Bank Charges	714.00	2.76	5,009.23	1.10
Credit Card Fees	0.00	0.00	314.65	0.07
Accounting Fees	0.00	0.00	945.00	0.21
Rent	10,692.33	41.39	175,913.69	38.55
Donations	90.00	0.35	915.00	0.20
Telephone	114.52	0.44	9,781.81	2.14
Travel	2,295.97	8.89	8,828.23	1.93
Gas/Oil	2,956.37	11.44	30,405.03	6.66
Utilities	859.76	3.33	12,376.10	2.71
Total Expenses	<u>30,663.28</u>	<u>118.70</u>	<u>354,442.10</u>	<u>77.68</u>
Net Income	<u>\$ (11,565.70)</u>	<u>(44.77)</u>	<u>\$ (26,084.01)</u>	<u>(5.72)</u>

For Management Purposes Only



LUXURY MARKETING INC (N.Y)  
Balance Sheet  
December 31, 2014

ASSETS

Current Assets		
Cash-Chase Bank-1165	\$	(1,628.83)
Total Current Assets		(1,628.83)
Property and Equipment		
Vehicles		48,500.00
Computers		2,928.00
Equipment		10,400.40
Furniture & Fixtures		398.00
Accumulated Depr		(52,372.00)
Total Property and Equipment		9,854.40
Other Assets		
Officer Loan		70,060.36
Total Other Assets		70,060.36
Total Assets		\$ 78,285.93

LIABILITIES AND CAPITAL

Current Liabilities		
Ron Parchment-Loan	\$	6,000.00
AF Supply - Loan		125,593.96
Total Current Liabilities		131,593.96
Long-Term Liabilities		
Chase Business Line of Credit		5,749.98
Total Long-Term Liabilities		5,749.98
Total Liabilities		137,343.94
Capital		
Beginning Equity		(33,074.00)
Common Stock		100.00
Net Income		(26,084.01)
Total Capital		(59,058.01)
Total Liabilities & Capital		\$ 78,285.93