2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004
Secretary of State

DOCUMENT# P02000050613

Entity Name: MAMMA LE, INC

Current Principal Place of Business:

10022 OASIS PALM DRIVE
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

10022 OASIS PALM DRIVE
TAMPA, FL 33615

New Mailing Address:

11616 HIGHBURY WAY
TAMPA, FL 33626

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LE, HUY B
10022 OASIS PALM DRIVE
TAMPA, FL 33615

Name and Address of New Registered Agent:

LE, HUY B
11616 HIGHBURY WAY
TAMPA, FL 33626

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.

SIGNATURE: 03/15/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LE, HUY B
Address: 10022 OASIS PALM DRIVE
City-St-Zip: TAMPA, FL 33615

Title: V ( ) Delete
Name: LE, NANG
Address: 10022 OASIS PALM DR
City-St-Zip: TAMPA, FL 33615

Title: T ( ) Delete
Name: LE, HAIL
Address: 10022 OASIS PALM DR
City-St-Zip: TAMPA, FL 33615

Title: V (X) Delete
Name: LE, HOANG B
Address: 10022 OASIS PALM DRIVE
City-St-Zip: TAMPA, FL 33615

Title: V (X) Delete
Name: LE, HAI
Address: 10022 OASIS PALM DRIVE
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LE, HUY B
Address: 11616 HIGHBURY WAY
City-St-Zip: TAMPA, FL 33626

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: LE, HAI
Address: 10022 OASIS PALM DR
City-St-Zip: TAMPA, FL 33615

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LE, HUY B P 03/15/2004
Electronic Signature of Signing Officer or Director — Date