2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000050613

1. Entity Name
MAMMA LE, INC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAY 25 AM 7:56

Principal Place of Business	Mailing Address
9602 W LINEBAUGH AVE SUITE 101C TAMPA, FL 33626	12157 W LINEBAUGH AVE SUITE 174 TAMPA, FL 33626

05192006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
9602 W LINEBAUGH AVE	
Suite, Apt. #, etc.: Suite 101	Suite, Apt. #, etc.
City & State: TAMPA, FL	City & State
Zip: 33626 Country: U.S.A	Zip Country

4. FEI Number: APPLIED FOR ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LE, HUY B 12157 W LINEBAUGH AVE SUITE 174 TAMPA, FL 33626	Name: LE, HOANG Street Address (P.O. Box Number is Not Acceptable): 12157 W LINEBAUGH AVE SUITE 174 City: TAMPA FL Zip Code: 33626

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] HOANG LÊ PRESIDENT 5/20/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LE, HUY B 12157 W LINEBAUGH AVE #110 TAMPA, FL 33626	☒ Delete	P LE, HOANG 10022 OASIS PALM DRIVE TAMPA, FL 33615	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LE, NANG 10022 OASIS PALM DR TAMPA, FL 33615	☐ Delete	100078018251 06/08/06--01039--021 **70.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LE, HAI 10022 OASIS PALM DR TAMPA, FL 33615	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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] HOANG LE 5/20/06 813-857-8544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #