


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

02-27-2007 90001 026 \*\*\*150.00

**DOCUMENT # P05000164967**

1. Entity Name  
**MOM'S SUB & DELI, INC.**



Principal Place of Business      Mailing Address  
**4813 CHARDONNAY DRIVE**      **4813 CHARDONNAY DRIVE**  
**CORAL SPRINGS, FL 33067 US**      **CORAL SPRINGS, FL 33067 US**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



02122007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**20-3960015**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**JEAN, YONEL**  
**4813 CHARDONNAY DRIVE**  
**CORAL SPRINGS, FL 33067**

7. Name and Address of New Registered Agent  
 Name **LEGROS, JESSIE**  
 Street Address (P.O. Box Number is Not Acceptable) **4813 CHARDONNAY DRIVE**  
 City **CORAL SPRINGS FL**      Zip Code **33067**

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 *Jessie Legros*      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>P</b> <b>JEAN, YONEL</b> <b>4813 CHARDONNAY DRIVE</b> <b>CORAL SPRINGS, FL 33067</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>VP</b> <b>LEGROS, JESSIE</b> <b>4813 CHARDONNAY DRIVE</b> <b>CORAL SPRINGS, FL 33067</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>P</b> <b>LEGROS, JESSIE</b> <b>4813 CHARDONNAY DR</b> <b>CORAL, SPRINGS, FL 33067</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Jessie Legros*      Date 2/23/07      Office Phone # 954-255-5342  
Signature and typed or printed name of signing officer or director