

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000043415

Entity Name: LULU'S SAUCES INC

**FILED**  
**Mar 10, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

11250-15 OLD SAINT AUGUSTINE ROAD UNIT 151  
JACKSONVILLE, FL 32257

## **New Principal Place of Business:**

11250-15 OLD SAINT AUGUSTINE ROAD UNIT 151  
UNIT 151  
JACKSONVILLE, FL 32257

## **Current Mailing Address:**

11250-15 OLD SAINT AUGUSTINE ROAD UNIT 151  
JACKSONVILLE, FL 32257

## **New Mailing Address:**

FEI Number: 27-0263429

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

## **Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## **OFFICERS AND DIRECTORS:**

Title: DPS  
Name: MANN, DAVID  
Address: 11250-15 OLD SAINT AUGUSTINE ROAD UNIT 151  
City-St-Zip: JACKSONVILLE, FL 32257

I hereby 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 all other like empowered.

SIGNATURE: DAVID A. MANN

PRES

03/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date