


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000070478**  
 1. Entity Name  
**MAMALOU'S ITALIAN IMPORT GROCERY, INC.**



Principal Place of Business      Mailing Address  
 129 SPRINGHURST CIR.      129 SPRINGHURST CIR.  
 LAKE MARY, FL 32746      LAKE MARY, FL 32746

**DO NOT WRITE IN THIS SPACE**



01252005    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>59-3496852</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 LEVY, GERALD  
 1426 SE 44TH STREET  
 CAPE CORAL, FL 33904

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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	D SABER, RANDOLPH W 129 SPRINGHURST CIR. LAKE MARY, FL 32746
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *R.W. Saber*    **R.W.SABER**    1-28-05    407-302-0555  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #