2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000015788

SHENKMAN, HOWARD

10926 DOLPHIN PALM COURT N

BOYNTON BEACH, FL 33437

Name:

Address:

City-St-Zip:

Entity Name: MOM & POPS, INC.

FILED Apr 23, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1801 PALM BEACH LAKES BLVD WEST PALM BEACH, FL 33401 **Current Mailing Address: New Mailing Address:** 5576 MUIRFIELD VILLAGE CIRCLE LAKE WORTH, FL 33463 FEI Number: 02-0549802 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SHENKMAN, KENNETH D 5576 MUIRFÍELD VILLAGE CIRCLE LAKE WORTH, FL 33463 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition SHENKMAN, KENNETH D Name: Name: 5576 MUIRFIELD VILLAGE CIRCLE Address: Address: City-St-Zip: LAKE WORTH, FL 33463 City-St-Zip: Title: Title: () Delete () Change () Addition Name: SHENKMAN, BRIAN L Name: 13623 48TH COURT N Address: Address: WEST PALM BEACH, FL 33411 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition SHENKMAN, CAROLE Name: Name: 10926 DOLPHIN PALM COURT #B Address: Address: City-St-Zip: BOYNTON BEACH, FL 33437 City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: CAROLE SHENKMAN D 04/23/2007