2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # G12003

1. Entity Name

MUL'S FAMOUS MIX, INC.



Mailing Address

Principal Place of Business 1055 N.W. 7TH ST. BOCA RATON, FL 33486

1055 N.W. 7TH ST. BOCA RATON, FL 33486

FILED May 02, 2007 08:00 AM Secretary of State



04062007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2268046

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YAP, MICHAEL A. 1055 N.W. 7TH STREET BOCA RATON, FL 33486

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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					
Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE					
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finance Trust Fund Contribution.	cing 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
NAME STREET ADDRESS CITY-ST-ZIP	PD YAP, THELMA J. 1055 N.W. 7TH ST BOCA RATON, FL				
TITLE NAME STREET ADDRESS CITY+ST-ZIP	STD YAP, MICHAEL A. 1055 N.W. 7TH STREET BOCA RATON, FL				
11TLE NAMÉ STREET ADDRESS CITY-ST-ZIP	VPD YAP, ROGER W. 1055 N.W. 7TH STREET BOCA RATON, FL			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD YAP, DAVID A. 1055 N.W. 7TH STREET BOCA RATON, FL			IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000754724 05/22/07-80072-024 150.80
TITLE NAME STREET ADDRESS CITY-ST-ZIP			_		

12. Thereby 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

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

130/07

Daytime Phone #