## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## Jan 15, 2008 08:00 AN **DOCUMENT # G12003** Secretary of State MUL'S FAMOUS MIX, INC. Principal Place of Business Mailing Address 1055 N.W. 7TH ST. 1055 N.W. 7TH ST. BOCA RATON, FL 33486 BOCA RATON, FL 33486 No Cha-P CR2E034 (11/05) 01082008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2268046 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent YAP, MICHAEL A. DO NOT WRITE 1055 N.W. 7TH STREET BOCA RATON, FL 33486 IN THIS SPACE 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 eignsture required when reinststrig) Election Campaign Financing \$5,00 May 8e FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PD TITLE YAP, THELMA J. NAME 1055 N W 7TH ST STREET ADDRESS U00000784793 01/16/08-80072-003 150.00 CITY-ST-ZIP **BOCA RATON, FL** STD YAP, MICHAEL A. NAME STREET ADDRESS 1055 N.W. 7TH STREET **BOCA RATON, FL** CITY-ST-ZIP VPD TITLE NAME YAP, ROGER W. STREET ADDRESS 1055 N.W. 7TH STREET DO NOT WRITE CITY-ST-ZIP **BOCA RATON, FL** IN THIS SPACE TITLE VPD YAP, DAVID A. NAME STREET ADDRESS 1055 N.W. 7TH STREET CITY-ST-ZIP BOCA RATON, FL TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

R OR DIRECTOR

561-368-8702

FILED