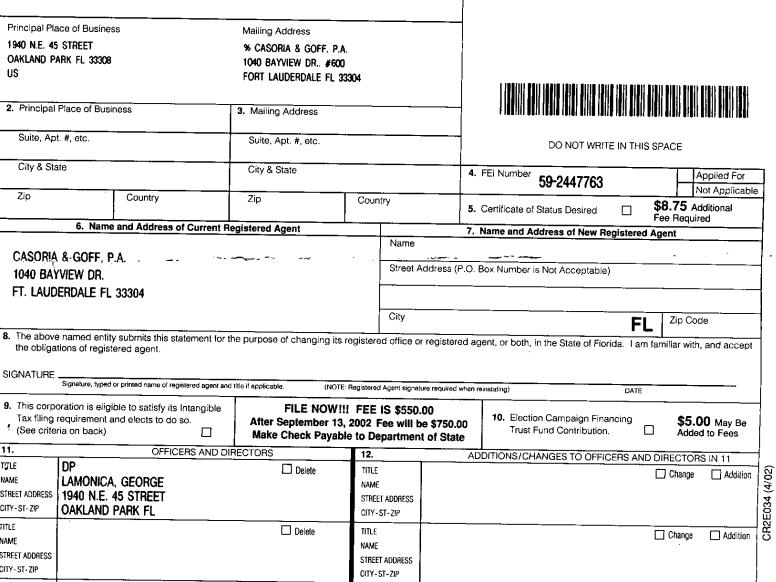
Jul 17, 2002 8:00 am Secretary of State



Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. DP TITLE □ Delete TITLE NAME LAMONICA, GEORGE NAME STREET ADDRESS 1940 N.E. 45 STREET STREET ADDRESS CITY-ST-ZIP OAKLAND PARK FL CITY-ST-ZIP ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

Country

City

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if

SIGNATURE:

2002 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

% CASORIA & GOFF, P.A.

1040 BAYVIEW DR., #600 FORT LAUDERDALE FL 33304

G79599

DOCUMENT #

MOM'S KITCHEN, INC.

Principal Place of Business

OAKLAND PARK FL 33308

2. Principal Place of Business

CASORIA & GOFF, P.A.

the obligations of registered agent.

1040 BAYVIEW DR. FT. LAUDERDALE FL 33304

Country

6. Name and Address of Current Registered Agent

Suite, Apt. #, etc.

City & State

Zip

1940 N.E. 45 STREET

1. Entity Name