


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91247 031 ***150.00

DOCUMENT # K88148
 1. Entity Name
MAMA MIA'S ITALIAN ICES INC.



Principal Place of Business
3059 N.W. 28TH STREET
LAUDERDALE LAKES, FL 33311 US

Mailing Address
3059 N.W. 28TH STREET
LAUDERDALE LAKES, FL 33311 US

94083320



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04212004 Chg-P CR2E034 (10/03)

City & State
 Zip Country

4. FEI Number
65-0140520

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
DICRESCENZO, ANGELA
3170 N. FEDERAL HWY
#103 H
LIGHTHOUSE POINT, FL 33064

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
Suite 103C
 City **FL** Zip Code

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 *Angela Di Crescenzo* DATE **4/20/04**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	<input type="checkbox"/> Delete
S	LIND, STUART	3059 N.W. 28TH STREET	LAUDERDALE LAKES, FL	<input type="checkbox"/>
P	GULOTTA, FRANK	3059 N.W. 28TH STREET	LAUDERDALE LAKES, FL	<input type="checkbox"/>
D	GULOTTA, JENNIFER	1108 HIGHLAND BEACH DR., #1	HIGHLAND BEACH, FL 33487	<input type="checkbox"/>
D	LEMMEMMAN, MICHAEL	3059 N.W. 28TH ST.	LAUDERDALE LAKES, FL 33311	<input type="checkbox"/>
D	KOCKER, MANA	2425 N.E. 26TH STREET	LIGHTHOUSE POINT, FL 33064	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** _____ **Date** _____ **Current Phone #** _____