2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # K88148

1. Entity Name
MAMA MIA'S ITALIAN ICES INC.

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

03142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 C
LIGHTHOUSE POINT, FL 33064

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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: _____ 4/20/06
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May 6th Added to Fees

U00000522049
05/03/06-80014-014 150.00

10.	OFFICERS AND DIRECTORS
TITLE	S
NAME	LIND, STUART
STREET ADDRESS	3059 N.W. 28TH STREET
CITY-ST-ZIP	LAUDERDALE LAKES, FL
TITLE	P
NAME	GULOTTA, FRANK
STREET ADDRESS	3059 N.W. 28TH STREET
CITY-ST-ZIP	LAUDERDALE LAKES, FL
TITLE	D
NAME	GULOTTA, JENNIFER
STREET ADDRESS	1108 HIGHLAND BEACH DR., #1
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487
TITLE	D
NAME	LEMMEMMAN, MICHAEL
STREET ADDRESS	3059 N.W. 28TH ST.
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33311
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #