

**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 JCS 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
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DO NOT WRITE IN THIS SPACE



03142006 No Orig-P CR20034 (11/05)

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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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: **4/20/06**

SIGNATURE: typed or printed name of registered agent and his or her initials. (NOTE: Registered Agent signature required when submitting)

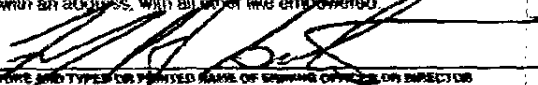
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May 6th Added to Fee	U00000522049 05/03/06-80014-014 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LIND, SUAN/ 3059 N.W. 28TH STREET LAUDERDALE LAKES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUILLOT, FRANK 3059 N.W. 28TH STREET LAUDERDALE LAKES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUILLOT, JENNIFER 1108 HIGHLAND BEACH DR., #1 HIGHLAND BEACH, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEMMEMMAN, MICHAEL 3059 N.W. 28TH ST. LAUDERDALE LAKES, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 charged, or on an attachment with an address, with all other fee empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR