

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # M29270 1. Entity Name MAMA'S KITCHEN, INC.	
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Principal Place of Business
**C/O VINCENT DISISTO
13844 ELDER CRT.
WELLINGTON, FL 33414**

Mailing Address
**C/O VINCENT DISISTO
13844 ELDER CRT.
WELLINGTON, FL 33414**



01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0488874	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DISISTO, VINCENT
7478 LAKE WORTH ROAD
LAKE WORTH, FL 33467**

**DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

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 Be
Added to Fees

**000000458397
03/24/06-80030-015 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DISISTO, BRUNO
STREET ADDRESS	7478 LAKE WORTH RD
CITY-ST-ZIP	LAKE WORTH, FL 33467

TITLE	V
NAME	COOK, ANDREW
STREET ADDRESS	7478 LAKE WORTH RD
CITY-ST-ZIP	LAKE WORTH, FL 33467

TITLE	ST
NAME	DISISTO, YOLANDA
STREET ADDRESS	7478 LAKE WORTH RD
CITY-ST-ZIP	LAKE WORTH, FL 33467

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

Day

Daytime Phone # _____