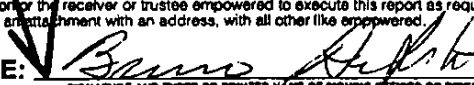


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90033 036 ***150.00

DOCUMENT # M29270 1. Entity Name MAMA'S KITCHEN, INC.			
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	
DO NOT WRITE IN THIS SPACE			
		01052007 No Chg-P CR2E034 (11/05)	
4. FEI Number 65-0488874		Applied For Not Applicable	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DISISTO, BRUNO 7478 LAKE WORTH RD LAKE WORTH, FL 33467		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COOK, ANDREW 7478 LAKE WORTH RD LAKE WORTH, FL 33467		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DISISTO, YOLANDA 7478 LAKE WORTH RD LAKE WORTH, FL 33467		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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		Date _____ Daytime Phone # _____	