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

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

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

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	

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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: Bruno Disisto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #