

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91247 023 ***150.00

DOCUMENT # P00000111211

1. Entity Name
POP-A MAMA MIA! ITALIAN ICE, INC.



Principal Place of Business

**3059 NW 28TH STREET
LAUDERDALE LAKES, FL 33311**

Mailing Address

**3059 NW 28TH STREET
LAUDERDALE LAKES, FL 33311**

94083328



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1059750

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MERKIN, STEWART A ESQ
444 BRICKELL AVENUE SUITE 300
MIAMI, FL 33131**

**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 registering agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GULOTTA, FRANK A
STREET ADDRESS	3059 NW 28TH STREET
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33311
TITLE	D
NAME	LEMMERMAN, MIKE
STREET ADDRESS	3059 NW 28TH STREET
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33311
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 exemption stated in Section 119.07(3)(i), 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 prepare 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 #