2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000111211

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

Principal Place of Business	Mailing Address
3059 NW 28TH STREET LAUDERDALE LAKES, FL 33311	3059 NW 28TH STREET LAUDERDALE LAKES, FL 33311

03142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1059750

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 I accept the obligations of registered agent.

SIGNATURE _____ Date 4/20/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstated.)

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

U00000522047
05/03/06-80014-013 150.00

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	
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: _____ Date _____
SIGNATURE AND IF REQUIRED, PRINTED NAME OF AUTHORIZED OFFICER OR DIRECTOR