


2005 FOR PROFIT CORPORATION ANNUAL REPORT

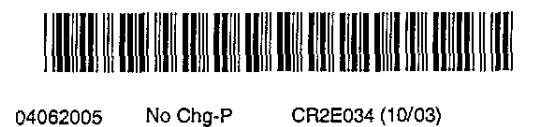
FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000044690
 1. Entity Name
 MAMA JO'S INC.



Principal Place of Business 2884 SOUTHWEST 27 AVENUE MIAMI, FL	Mailing Address 2884 SOUTHWEST 27 AVENUE MIAMI, FL
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DO NOT WRITE IN THIS SPACE



4. FEI Number 65-1105970	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SUPRASKI, LOUIS A ESQ.
 2450 N.E. MIAMI GARDENS DRIVE
 SECOND FLOOR
 NORTH MIAMI BEACH, FL 33180

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 _____ 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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD EDMONSON, STEVE 2884 SW 27 AVE MIAMI, FL 33133
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 04/11/05-80071-020 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Steve Edmonson Date: 4/8/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #