


FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90011 024 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P02000055102 1. Entity Name MOMMYNME, INC.			
Principal Place of Business 4017 CARAMBOLA CIRCLE N COCONUT CREEK, FL 33066		Mailing Address 4017 CARAMBOLA CIRCLE N COCONUT CREEK, FL 33066	
2. Principal Place of Business <i>331 SE 15th TERR</i>		3. Mailing Address <i>331 SE 15th TERR</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Deerfield Beach, FL</i>		City & State <i>Deerfield Beach, FL</i>	
Zip <i>33441</i>		Zip <i>33441</i>	
Country <i>USA</i>		Country <i>USA</i>	
4. FE Number 82-0546069		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 DAVIS, TAMRA 4017 CARAMBOLA CIRCLE N COCONUT CREEK, FL 33066		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>Tamra Davis</i> <i>7/21-04</i> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when changing office.)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, TAMRA 4017 CARAMBOLA CIRCLE N COCONUT CREEK, FL 33066	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>331 SE 15th TERRACE</i> <i>Deerfield Beach, FL 33441</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: <i>Tamra Davis</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <i>7/21/04</i> <i>984427-8021</i> <small>Signature Printed</small>	

Attachment

44049977

M A S

PO BOX 771210

Coral Springs, Fl. 33077-1210

954-346-7288 - Broward 954-346-7217 Fax 305-621-9382 - Dade

07/21/04

Florida Department of State
PO BOX 6327
Tallahassee, Fl. 32314

Re: Mommynme, Inc.

Doc # P02000055102

To Whom It May Concern:

We are enclosing an original signed copy of the application for the corporate annual renewal for our client, Mommynme, Inc

We are providing a check for the annual fee; however, we have not included the penalty, as the client did not receive the postcard sent to companies to file the renewal due to a change in address. The original forwarding had expired.

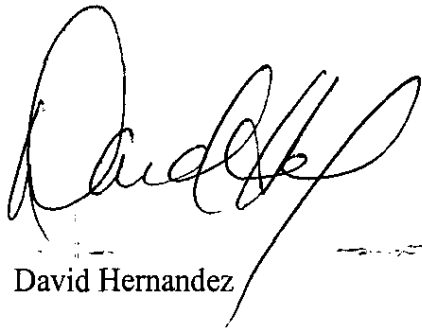
The client then received a notice, advising of intent to dissolve. They then asked our assistance to complete the form and file it on his behalf.

Therefore we are requesting reinstatement on behalf of Mommynme, Inc based on not having received his 2004 Uniform business report due to a change of address.

The client has been made aware of the filing deadline for future years.

Should you have any questions, please contact my office.

Thank you,
Sincerely,



David Hernandez