

PD2000087133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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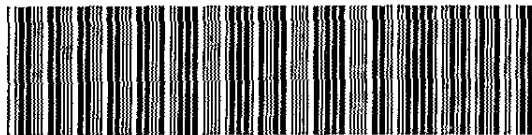
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

Rs 10/17/03
D. N. K. D.

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Mangia Mia's Inc.
(Name of corporation)

DOCUMENT NUMBER: P020000 87133

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michele E. Muccigrosso
(Name of person)

Mangia Mias Inc.
(Name of firm/company)

Blvd.
11684 Port St. Lucie
(Address)

Port. St. Lucie, FL 34952
(City/state and zip code)

For further information concerning this matter, please call:

Michele E. Muccigrosso at (772) 528.0371 / 772.335.0080
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Mangia Mia's Inc.
2. The principal office address: 1684 Port. St. Lucie BLVD
Port St. Lucie FL 34952
3. The mailing address (if different): 621 SW Dalton Circle
Port St. Lucie FL 34953
4. Date of incorporation/qualification: 8/12/02 Document number: PO2000087133
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Corporate Creations International Inc.
941 Fourth Street #200
Miami Beach FL 33139

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Michele E. Muccigrosso
621 SW Dalton Cir.
Port St. Lucie, FL 34953
(P.O. Box or personal mailbox NOT acceptable)

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Michele E. Muccigrosso
(Signature of an officer, chairman or vice chairman of the board)

Michele E. Muccigrosso Vice President
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Michele E. Muccigrosso
(Signature of Registered Agent)

10/9/03
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314