

2005 FOR PROFIT CORPORATION ANNUAL REPORT

5/ **FILED**
Jun 01, 2005 8:00 am
Secretary of State

05-03-2005 90167 017 ***150.00

DOCUMENT # P04000089985 1. Entity Name MAMA LUISA'S INC.					
Principal Place of Business 150 N. VOLUSIA AVENUE, UNIT #8 ORANGE CITY, FL 32763			Mailing Address 150 N. VOLUSIA AVENUE, UNIT #8 ORANGE CITY, FL 32763		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 34-1998391 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				04292005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent RODRIGUEZ, ANGEL L 333 E HIGHBANKS RD DEBARY, FL 32713			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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	D RODRIGUEZ, ANGEL L 333 E HIGHBANKS RD DEBARY, FL 32713 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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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)(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 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 another like empowered.					
SIGNATURE: <i>Angel L Rodriguez</i> _____ ANGEL L. RODRIGUEZ, DIRECTOR			April 29, 2005 _____ Date Daytime Phone #		

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