

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000099258

Entity Name: MAMA'S CREATIONS, INC

FILED
Jan 31, 2007
Secretary of State

Current Principal Place of Business:

6010 FALLS CIRCLE DR
UNIT 208
FORT LAUDERDALE, FL 33319 US

New Principal Place of Business:

Current Mailing Address:

6010 FALLS CIRCLE DR
UNIT 208
FORT LAUDERDALE, FL 33319 US

New Mailing Address:

FEI Number: 20-3152625 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AZOY TAX
1900 W COMMERCIAL BLVD
SUITE 121
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HERNANDEZ, MAGDALENA
Address: 6010 FALLS CIRCLE DR
City-St-Zip: FORT LAUDERDALE, FL 33319 US

Title: VP () Delete
Name: HEUBERGER, MONIQUE
Address: 10757 CLEARLY BLVD NO 104
City-St-Zip: PLANTATION, FL 33324 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OWNER/MAGDALENA HERNANDEZ

CEO

01/31/2007

Electronic Signature of Signing Officer or Director

_____ Date