

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000095001

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Entity Name:** MEMORIES IN CHOCOLATE INC.

**Current Principal Place of Business:**

11155 117TH LANE  
SEMINOLE, FL 33778

**New Principal Place of Business:**

**Current Mailing Address:**

11155 117TH LANE  
SEMINOLE, FL 33778 US

**New Mailing Address:**

11155 117TH LANE  
SEMINOLE, FL 33778

**FEI Number:** 26-3666407

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STEIN, JERILYN DPS  
11155 117TH LANE  
SEMINOLE, FL 33778 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

**OFFICERS AND DIRECTORS:**

**Title:** DPS  
**Name:** STEIN, JERILYN  
**Address:** 11155 117TH LANE  
**City-St-Zip:** SEMINOLE, FL 33778

**Title:** DV  
**Name:** STEIN, MICHAEL R  
**Address:** 11155 117TH LANE  
**City-St-Zip:** SEMINOLE, FL 33778

I hereby 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 all other like empowered.

**SIGNATURE:** JERILYN STEIN

DPS

03/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date