


2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2012 MAY 30 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P10000001375	
1. Entity Name MAMA'S QUALITY LAWN SERVICE, INC.	

Principal Place of Business 10428 SW 53RD STREET COOPER CITY, FL 33328	Mailing Address 10428 SW 53RD STREET COOPER CITY, FL 33328
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2. Principal Place of Business - No P.O. Box # 10428 SW 53rd St Suite, Apt. #, etc.	3. Mailing Address 10428 SW 53rd St Suite, Apt. #, etc.
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City & State Cooper city, Florida Zip 33328 Country Broward	City & State Cooper city, Florida Zip 33328 Country Broward
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05152012 Chg-P CR2E034 (12/11)

6. Name and Address of Current Registered Agent MAMA, OCTAVIUS 10428 SW 53RD STREET COOPER CITY, FL 33328	7. Name and Address of New Registered Agent Name OCTAVIUS MAMA Street Address (P.O. Box Number is Not Acceptable) 10428 SW 53rd St City Cooper City, FL Zip Code 33328
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4. FEI Number 27-1690914	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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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 Octavius MAMA DATE 5-24-12

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 28, 2012	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	700235154747 04/18/12-60218-004 **145.88
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSTD MAMA, OCTAVIUS 10428 SW 53RD STREET COOPER CITY, FL 33328 <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
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Octavius MAMA 5-24-12 OCTAVIUS MAMA @ yahoo.com

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE E-MAIL ADDRESS