

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

192

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JUN 30 AM 8:00



DOCUMENT # P93000031230  
1. Entity Name  
MAMMA MIA PIZZERIA RESTAURANT, INC.

Principal Place of Business  
13755 SW 152 ST  
MIAMI, FL 33177 US

Mailing Address  
13755 SW 152 ST  
MIAMI, FL 33177 US



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

02272004 Chg-P CR2E034 (10/03) *MRD*

4. FEI Number  
65-0415470

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
ROCCHETTI, VINCENZA  
12162 SW 102 STREET  
MIAMI, FL 33186

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROCCHETTI, VINCENZA <del>12162 SW 102 STREET</del> 20581 SW 142 AVE MIAMI, FL <del>33186</del> 33177 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition 100039084301 07714704-01005-012 **150.00
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: *Vincenza Rocchetti* VINCENZA ROCCHETTI 6-22-04 305-971-6605  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2082

Wednesday, June 23, 2004

Attn: RUBY DUNLAP  
Florida Department of State  
Division of Corporations  
PO BOX 6327  
Tallahassee, FL 33314

RE: P930000 31230 - Mamma Mia Pizzeria

Dear Ruby Dunlap:

We received your letter number 804A00013165 yesterday in the mail and today we are sending back the forms signed with the \$150.00 check. <sup>6/22/04</sup>

We appreciate your help in this matter.

Sincerely,

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Vincenza Rocchetti  
President  
Mamma Mia Pizzeria Restaurant, Inc.  
13755 SW 152 St  
Miami, FL 33177  
305-235-9545