


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2006 8:00 am
Secretary of State

02-14-2006 90005 001 ***350.00

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



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

DO NOT WRITE IN THIS SPACE

66001386



01122006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0415470	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 20581 SW 142 AVE MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROCCHETTI, CARLO 20581 SW 142 AVE MIAMI, FL 33177
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Vincenza Rocchetti* 2/9/06 Date
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #