


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 14, 2008 08:00 AM
Secretary of State

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



01112008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0415470	Applied For Not Applicable
5. Certificate of Status Desired <input 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 _____ 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, 2008 Fee will be \$550.00

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

000000782259
 01/15/08-80067-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ROCCHETTI, VINCENZA
STREET ADDRESS	20581 SW 142 AVE
CITY-ST-ZIP	MIAMI, FL 33177
TITLE	S
NAME	ROCCHETTI, CARLO
STREET ADDRESS	20581 SW 142 AVE
CITY-ST-ZIP	MIAMI, FL 33177
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 empowerments.

SIGNATURE: P/Vincenza Rocchetti 1-10-08 954261-2413
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Digits: Three or