2005 FOR PROFIT CORPORATION ANNUAL REPORT

YPED OR PRINTED NAME OF S

Apr 27, 2005 8:00 am Secretary of State DOCUMENT # P98000082513 04-27-2005 90292 003 ***150.00 1. Entity Name MAMA MARIA'S PIZZERIA & SUBS, INC. Mailing Address Principal Place of Business 400000000 2085 S TAMIAMI TR 2085 S TAMIAMI TR VENICE, FL 34293 US VENICE, FL 34293 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04132005 CR2E034 (10/03) Chq-P City & State City & State 4. FEI Number Applied For 65-0864679 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NEW ADDRESS STEFANG DIVITO, STEFANO 439 BERMUDA ISLE CIRCLE VENICE, FL 34292 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 4-24-05 SIGNATURE: 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D Change Addition TITLE Delete TITLE DIVITO, STEFANO NAME NAME STREET ADDRESS 5052 BELLA TERRA DR STREET ADDRESS VENICE, FL 34293 CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE Change Addition TITLE DIVITO, RAFFAELA NAME NAME 5052 BELLA TERRA DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VENICE, FL 34293 Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-7IP ☐ Delete шц Addition TITLE NAM: STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 early, 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. 4-24-05 SIGNATURE:

FILED