

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90099 041 ***150.00

DOCUMENT # P98000082513

1. Entity Name
MAMA MARIA'S PIZZERIA & SUBS, INC.



Principal Place of Business
**2085 S TAMiami TR
VENICE, FL 34293 US**

Mailing Address
**2085 S TAMiami TR
VENICE, FL 34293 US**

50011034



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01262006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
65-0864679

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**DIVITO, STEFANO
4343 VIA DEL STEFANO
VENICE, FL 34292**

7. Name and Address of New Registered Agent

Name **Raffaella Di Vito**

Street Address (P.O. Box Number is Not Acceptable)
4343 Via Del Villetti

City **Venice**

FL Zip Code **34293**

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 **Raffaella Di Vito**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-9-06

DATE

**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 **D** ☒ Delete
NAME **DIVITO, STEFANO**
STREET ADDRESS **5052 BELLA TERRA DR**
CITY-ST-ZIP **VENICE, FL 34293**

TITLE **D** ☐ Delete
NAME **DIVITO, RAFFAELA**
STREET ADDRESS **5052 BELLA TERRA DR**
CITY-ST-ZIP **VENICE, FL 34293**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PT** ☒ Change ☐ Addition
NAME
STREET ADDRESS **4343 Via Del Villetti**
CITY-ST-ZIP **Venice FL 34293**

TITLE **VP** ☐ Change ☒ Addition
NAME **Ettore Divito**
STREET ADDRESS **5052 Bella Terra Dr.**
CITY-ST-ZIP **Venice, FL 34293**

TITLE **S** ☐ Change ☒ Addition
NAME **Natasha Amedeo**
STREET ADDRESS **4343 Via Del Villetti**
CITY-ST-ZIP **Venice, FL 34293**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Raffaella Di Vito**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-06

Date

Daytime Phone #