

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 295726

FILED  
Feb 24, 2004  
Secretary of State

Entity Name: SMALL FRY INC

**Current Principal Place of Business:**

2805 N. ST RD 7  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

**Current Mailing Address:**

2805 N. ST RD 7  
HOLLYWOOD, FL 33021

**New Mailing Address:**

FEI Number: 59-1097423      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FEDERICI, SONDRRA  
2805 NORTH STATE ROAD 7  
HOLLYWOOD, FL 33021      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LEWIN, NAOMI  
Address: 2805 NORTH STATE RD 7  
City-St-Zip: HOLLYWOOD, FL 33021

Title: VP ( ) Delete  
Name: FEDERICI, SONDRRA  
Address: 2805 N. STTE ROAD 7  
City-St-Zip: HOLLYWOOD, FL 33021

Title: VP ( ) Delete  
Name: HERNANDEZ, RHONDA  
Address: 2805 N STATE ROAD #7  
City-St-Zip: HOLLYWOOD, FL 33021

Title: VP ( ) Delete  
Name: LEWIN, CURT  
Address: 2805 N STATE ROAD #7  
City-St-Zip: HOLLYWOOD, FL 33021

Title: VP ( ) Delete  
Name: LEWIN, HARLEY  
Address: 2805 N STATE ROAD #7  
City-St-Zip: HOLLYWOOD, FL 33021

Title: VP ( ) Delete  
Name: LEWIN, DEBRAH  
Address: 2805 N STATE ROAD #7  
City-St-Zip: HOLLYWOOD, FL 33021

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SONDRRA FEDERICI

OFF

02/24/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date