


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 09, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F97302</b> 1. Entity Name <b>SENR FROGS, INC.</b>	
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Principal Place of Business <b>3480 MAIN HWY COCONUT GROVE, FL 33133 US</b>	Mailing Address <b>3480 MAIN HWY COCONUT GROVE, FL 33133 US</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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6. Name and Address of Current Registered Agent  <b>LEDER, NATHAN C/O SANDLER, TRAVIS &amp; ROSENBERG, P.A. 5200 BLUE LAGOON DRIVE., SUITE 600 MIAMI, FL 33126</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when rechartering)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROMAN-SAN, TONY 2843 SO. BAYSHORE DR #17D COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOORE, THOMAS A JR. 5770 S.W. 74TH TERRACE SOUTH MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PADILLA, ANTONIO 22317 S.W. 99TH AVENUE MIAMI, FL 33190
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTINEZ, LUIS 4706 SW 67 AVENUE #M-2 MIAMI, FL 33155
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 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 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:  <b>Tom Moore</b>	Date: <b>7/6/04</b>	Daytime Phone #: <b>305-448-0997</b>
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