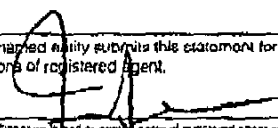


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90470 014 ***150.00

DOCUMENT # 201826 1. Entity Name SHORTY & FRED'S, INC.					
Principal Place of Business 1520 ALTON RD MIAMI BCH FL 33139			Mailing Address 1520 ALTON RD MIAMI BCH FL 33139		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 59-0798907				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				MOORE CR2E034 (11/03)	
6. Name and Address of Current Registered Agent ELLIS, LUISA 1520 ALTON RD MIAMI BCH FL 33139				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  Signature (Good is printed name of registered agent and title if applicable)				DATE 4-12-04 (NOTE: Registered Agent Signature required when running)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDV FERRIERA, NELSON 1520 ALTON RD MIAMI BEACH FL			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ELLIS, LUISA 1520 ALTON RD MIAMI BEACH FL			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)			☐ Delete	
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  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

54041641



MOORE CR2E034 (11/03)

FL

DATE

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDV	☐ Delete
NAME	FERRIERA, NELSON	
STREET ADDRESS	1520 ALTON RD	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VS	☐ Delete
NAME	ELLIS, LUISA	
STREET ADDRESS	1520 ALTON RD	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	(Empty)	☐ Delete
NAME	(Empty)	
STREET ADDRESS	(Empty)	
CITY-ST-ZIP	(Empty)	
TITLE	(Empty)	☐ Delete
NAME	(Empty)	
STREET ADDRESS	(Empty)	
CITY-ST-ZIP	(Empty)	
TITLE	(Empty)	☐ Delete
NAME	(Empty)	
STREET ADDRESS	(Empty)	
CITY-ST-ZIP	(Empty)	
TITLE	(Empty)	☐ Delete
NAME	(Empty)	
STREET ADDRESS	(Empty)	
CITY-ST-ZIP	(Empty)	
TITLE	(Empty)	☐ Delete
NAME	(Empty)	
STREET ADDRESS	(Empty)	
CITY-ST-ZIP	(Empty)	

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone