


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90182 036 ***150.00

DOCUMENT # 295726

1. Entity Name
SMALL FRY INC



Principal Place of Business
**2805 N. ST RD 7
HOLLYWOOD FL 33021**

Mailing Address
**2805 N. ST RD 7
HOLLYWOOD FL 33021**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FEDERICI, SONDRA
2805 NORTH STATE ROAD 7
HOLLYWOOD FL 33021**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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	
TITLE VP	<input type="checkbox"/> Delete
NAME LEWIN, NAOMI	
STREET ADDRESS 2805 NORTH STATE RD 7	
CITY-ST-ZIP HOLLYWOOD FL 33021	
TITLE VP	<input type="checkbox"/> Delete
NAME FEDERICI, JAMES	
STREET ADDRESS 2805 NORTH STATE RD 7	
CITY-ST-ZIP HOLLYWOOD FL 33021	
TITLE VP	<input type="checkbox"/> Delete
NAME HERNANDEZ, RHONDA	
STREET ADDRESS 2805 N STATE ROAD #7	
CITY-ST-ZIP HOLLYWOOD FL 33021	
TITLE VP	<input type="checkbox"/> Delete
NAME LEWIN, CURT	
STREET ADDRESS 2805 N STATE ROAD #7	
CITY-ST-ZIP HOLLYWOOD FL 33021	
TITLE VP	<input type="checkbox"/> Delete
NAME LEWIN, HARLEY	
STREET ADDRESS 2805 N STATE ROAD #7	
CITY-ST-ZIP HOLLYWOOD FL 33021	
TITLE VP	<input type="checkbox"/> Delete
NAME LEWIN, DEBRAH	
STREET ADDRESS 2805 N STATE ROAD #7	
CITY-ST-ZIP HOLLYWOOD FL 33021	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Sondra Federici	
STREET ADDRESS 2805 N. State Road 7	
CITY-ST-ZIP Hollywood, FL 33021	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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: Sondra Federici **REQUIRED** 4-24-03 9549830506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)