2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000021633

Entity Name: THE RUSSO GROUP LLC

Current Principal Place of Business:

7730 SW 68 TERRACE
MIAMI, FL 33143

New Principal Place of Business:

P.O. BOX 832137
MIAMI, FL 332832137 US

Current Mailing Address:

P.O. BOX 832137
MIAMI, FL 33283 US

New Mailing Address:

FEI Number: 65-1159431   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

BALLESTAS AND ASSOCIATES, INC.
7730 SW 68 TERRACE
MIAMI, FL 33143

Name and Address of New Registered Agent:

COMPLETE CORPORATE SERVICES, INC.
915 MIDDLERIVER DR
410
FT. LAUDERDALE, FL 33304 US

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: ACHILLES BALLESTAS, PRES   04/30/2003
_____   _____
             Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MEMBERS:

Title:	MGRM (X) Delete
Name:	TALESE, MARIA MGRM
Address:	9750 SW 16 ST
City-St-Zip:	MIAMI, FL 33165 US

Title:	MGRM ( ) Delete
Name:	BALLESTAS, ACHILLES MGRM
Address:	7730 SW 68 TR
City-St-Zip:	MIAMI, FL 33283 US

ADDITIONS/CHANGES:

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

Title:	MGRM (X) Change ( ) Addition
Name:	BALLESTAS, ACHILLES MGRM
Address:	PO BOX 832137
City-St-Zip:	MIAMI, FL 332832137 US

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ACHILLES BALLESTAS   MGRM   04/30/2003
_____
       Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date