


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90416 022 \*\*\*150.00

**DOCUMENT # P01000082635**

1. Entity Name  
R.J. 5600 CORP.



Principal Place of Business  
C/O BARED AND ASSOC., PA  
1500 SAN REMO AVE SUITE 177  
CORAL GABLES FL 33146

Mailing Address  
C/O BARED AND ASSOC., PA  
1500 SAN REMO AVE SUITE 177  
CORAL GABLES FL 33146



2. Principal Place of Business  
**2588 SW 27th Ave.**

3. Mailing Address  
**2588 SW 27th Ave.**

Suite, Apt. #, etc.

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

Zip  
**33133**

Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1140419**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BARED AND ASSOC., PA**  
**1500 SAN REMO AVE #177**  
**CORAL GABLES FL 33146**

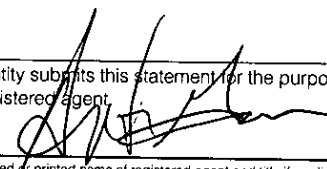
7. Name and Address of New Registered Agent

Name **Antonio Garcia**

Street Address (P.O. Box Number is Not Acceptable)  
**2588 SW 27th Ave.**

City **MIAMI** State **FL** Zip Code **33133**

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

**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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	LIZCANO GUTIERREZ, JULIO C	1500 SAN REMO AVE SUITE 177	CORAL GABLES FL 33146	<input type="checkbox"/>
D	GONZALEZ DE LIZCANO, RAIZA R	1500 SAN REMO AVE SUITE 177	CORAL GABLES FL 33146	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD		2588 SW 27th Ave.	MIAMI, FL 33133	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD		2588 SW 27th Ave.	MIAMI, FL 33133	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED (RAIZA R DE LIZCANO) 02/25/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (10/02)