2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Feb 02, 2005 8:00 am Secretary of State DOCUMENT # P01000102665 1. Entity Name 02-02-2005 90149 001 ***600.00 LWJ GROUP, INC. Principal Place of Business Mailing Address 2701 W. OAKLAND PARK BLVD. 2701 W. OAKLAND PARK BLVD. **PCCUUUDO** FORT LAUDERDALE FL 33311 FORT LAUDERDALE FL 33311 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 65-1156776 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HNDREW WINSTON WINSTON, ANDREW Street Address (P.O. Box Number is Not Acceptable) 2701 W. OAKLAND PARK BLVD STE 100 FT. LAUDERDALE FL 33311-4132 FORT LAUDERDALE 8. The above named entity submits the 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE TITLE Change Addition Delete WINSTON, ANDREW Y NAME NAME STREET ADDRESS 2701 W. OAKLAND PARK BLVD. SUITE 100 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33311 CITY-ST-ZIP ☐ Delete TITLE Change Addition LAWLOR, JOHN K NAME NAME STREET ADDRESS 2701 W. OAKLAND PARK BLVD. SUITE 100 STREET ADDRESS FORT LAUDERDALE FL 33311 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME JUSTICE, CAM F STREET ADDRESS 2701 W. OAKLAND PARK BLVD. SUITE 100, STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FORT LAUDERDALE FL 33311 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 profit 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 trusted 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 attackment with an appears with all other like empowered.

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #