

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


FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90155 046 ***150.00

AY LURSON

DOCUMENT # P01000102665

1. Entity Name
LWJ GROUP, INC.



Principal Place of Business
**2701 W. OAKLAND PARK BLVD.
STE 100
FORT LAUDERDALE FL 33311**

Mailing Address
**2701 W. OAKLAND PARK BLVD.
STE 100
FORT LAUDERDALE FL 33311**



2. Principal Place of Business
2701 W. OAKLAND PARK BLVD.

3. Mailing Address
(SAME AS #2)

Suite, Apt. #, etc.
SUITE 100

CHECK HERE IF MAKING CHANGES

City & State
FORT LAUDERDALE, FL

City & State
FORT LAUDERDALE, FL

Zip
33311

Country
BROWARD

4. FEI Number
65-1156776

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

WINSTON, ANDREW
2701 W. OAKLAND PARK BLVD STE 100
FT. LAUDERDALE FL 33311-4132

7. Name and Address of New Registered Agent

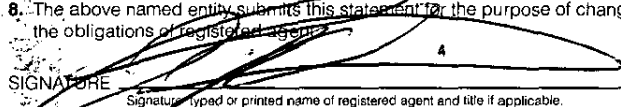
Name
ANDREW WINSTON

Street Address (P.O. Box Number is Not Acceptable)
2701 W. OAKLAND PARK BOULEVARD

SUITE 100

City
FORT LAUDERDALE, FL Zip Code
33311

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: **01/23/2003**

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	D <input type="checkbox"/> Delete
NAME	WINSTON, ANDREW Y
STREET ADDRESS	1290 E. OAKLAND PARK BLVD. SUITE 100
CITY-ST-ZIP	FORT LAUDERDALE FL 33334
TITLE	D <input type="checkbox"/> Delete
NAME	LAWLOR, JOHN K
STREET ADDRESS	1290 E. OAKLAND PARK BLVD. SUITE 100
CITY-ST-ZIP	FORT LAUDERDALE FL 33334
TITLE	D <input type="checkbox"/> Delete
NAME	JUSTINE, CAM F
STREET ADDRESS	1290 E. OAKLAND PARK BLVD. SUITE 100
CITY-ST-ZIP	FORT LAUDERDALE FL 33334
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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:  **ONE REQUIRED** DATE: **01/23/2003** DAYTIME PHONE #: **(954) 525-2345**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)