04/28/2003 14:16 3058842875 ALBA ACCOUNTIN

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91151 029 ***150.00

DOCUMENT # P02000037348

1. Entity Name
J & J INTERNATIONAL GROUP CORP.

11040572

Principal Place of Business	Mailing Address
4711 NW 79 AVE	4711 NW 79 AVE
STE 6-F	STE 6-F
MIAMI FL 33166	MIAMI FL 33166

2. Principal Place of Business	3. Mailing Address
5795 NW 109 AVE	5795 NW 109 AVE
Suite, Apt. #, etc. #8	Suite, Apt. #, etc. #8
City & State Miami, FL	City & State Miami, FL
Zip 33178 Country USA	Zip 33178 Country USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 02-0578929. ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHIQUITO, JOSE
11411 NW 60TH ST. #273
MIAMI FL 33178

7. Name and Address of New Registered Agent

Name Jose M. Luis
Street Address (P.O. Box Number is Not Acceptable) 5795 NW 109 AVE #8
City Miami FL Zip Code 33178

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] 04/28/03
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	PD	☐ Delete
NAME	CAMBA, JOSE M	
STREET ADDRESS	6210 NW 173RD ST	
CITY-ST-ZIP	MIAMI LAKES FL 33015	
TITLE	VD	☐ Delete
NAME	LUIS, JOSE M	
STREET ADDRESS	6210 NW 173RD ST	
CITY-ST-ZIP	MIAMI LAKES FL 33015	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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: [signature] 04/28/03 305-2445782
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #