

**FILED**  
**Jun 06, 2003 8:00 am**  
**Secretary of State**

05-07-2003 90137 050 \*\*\*158.75

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

**DOCUMENT # P02000080758**

1. Entity Name  
**L & J GROUP, INC.**

Principal Place of Business  
 61 W SHORE DRIVE  
 COCONUT GROVE, FL 33133

Mailing Address  
 61 W SHORE DRIVE  
 COCONUT GROVE, FL 33133

2. Former Place of Business  
 State, Act. 6, etc.  
 City & State

3. Mailing Address  
 State, Act. 6, etc.  
 City & State

4. Certificate of Status Desired  **243709172**  **Apply For Not Available**

5. Certificate of Status Desired  **\$5.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**LOBO ORCASITAS, LUBA A**  
 61 W SHORE DRIVE  
 COCONUT GROVE, FL 33133

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity certifies it is authorized 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 \_\_\_\_\_

9. Election Campaign Financing True Fund Contribution  **\$5.00 May be Added to Fee**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
10.1 NAME STREET ADDRESS CITY-ST-ZIP	D LOBO ORCASITAS, LUBA A 61 W SHORE DRIVE COCONUT GROVE, FL 33133 <input type="checkbox"/> New <input type="checkbox"/> Other	11.1 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add New
10.2 NAME STREET ADDRESS CITY-ST-ZIP	D JUAN RUIZ, EMMA DEL C 61 W SHORE DRIVE COCONUT GROVE, FL 33133 <input type="checkbox"/> New <input type="checkbox"/> Other	11.2 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add New
10.3 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> New <input type="checkbox"/> Other	11.3 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add New
10.4 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> New <input type="checkbox"/> Other	11.4 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add New
10.5 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> New <input type="checkbox"/> Other	11.5 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add New

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(c), 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 deposit this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or in an attachment to an address, with all other the employees.

SIGNATURE: Emma Juan Ruiz

**55046767**

CHECK OFF