## FILED Sep 17, 2003 8:00 am Secretary of State

1. Entity Nam	ne	# P02000068 L GROUP, INC.	743		09-17-200	03 90021 005	***150.00			
Principal Place of Business			Mailing Address							
13920 SW 91 TERRACE			13920 SW 91 TERRACE							
MIAMI, FL 33	3186		MIAMI, FL 33186							
						١,		<b></b>	### <b>####</b>	
2. Principal Place of Business			3. Mailing Address 4632 N.W. 114 AVQ							
Suite, Apt. #, etc.			Suite, Apt. #, etc.	# 807			CHECK HERE IF MAKING CHANGES			
City & State			City & State MI PMI	- •	4.	33-1009849	Applied For Not Applicable		1	
Zip	·····	Country	32 / 1 8	~  Coun	MI-D	5.	Certificate of Status Desired	- □- <b>- \$8.75</b> Fee Requ	Additional	
	# Name	and Address of Current	Do I T O	Juja	U-1140		Name and Address of New Reg	<u>'</u>	n eu	┨
	o, Name	and Address of Current	r Medistered wilett		Name			. 1	11 007	1
QUINTERO					<del></del>	4632		Ave	# 80+	1
13920 SW 9		E			Street A	ddress (P.O.	Box Number is Not Acceptable)			
MIAMI, FL	33 160		•							ĺ
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					City /	1111	M1	FL Zing	ジナイ	
	named entity		or the purpose of changing	g its register	ed office or	registered a	agent, or both, in the State of Florid	da. I am familiar w	ith, and accept	
SIGNATURE Signalure, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) CATE										
Aft	er May 1, 20 Amerided	I. FEE IS \$150,00 03 Fee will be \$550 0 UBR is \$61.25 Fiorida Department	of State				Election Campaign Finar     Trust Fund Contribution.		5.00 May Be ded to Fees	
10.		OFFICERS AND	DIRECTORS	11.		A	DDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	ORS IN 11	1
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NAME	QUINTER	, ADOLFO		NAM	E	KLUINI-	tero, 400Lfic	, , , , , ,		CR2E034 (10/02
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CITY-ST-ZP				CITY	-ST -ZIP		, •		,	!
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STREET ADDRESS				12	ET ADDRESS				+	1
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12. I hereby o	certify that the	information supplied wife	th this filing does not quali	fy for the exe	mption stat	ı led in Sectior	n 119.07(3)(i), Florida Statutes. I fo	urther certify that th	ne information	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi). 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 cath; that I am an officer or director of the corporation or the receiver or trustee employeered to report or the corporation or the receiver or trustee employeered to report or the corporation or the receiver or trustee employeers to report or the corporation or the receiver or trustee employeers this report as required by Chapter 507, 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 employeers.										
		N.	<i>XX</i>							
SIGNATURE:										

August 21, 2003

Division of Corporations 409 East Gaines Street Tallahassee, FL. 32399

Ref: Uniform Business Annual Report Doc. #P02000068743

Please be advised that we did not receive the Uniform Business Report for this year, reason for which is filing this now. Enclosed check in the amount of \$150.00 and form.

Thank you, for your attention to this matter.

Sincerely yours

Adolfo Quintero President -