


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90188 026 \*\*\*150.00

<b>DOCUMENT # P95000041893</b> 1. Entity Name L & L INVESTMENT GROUP, INC.	
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Principal Place of Business 14393 S.W. 142 STREET MIAMI, FL 33186	Mailing Address 14393 S.W. 142 STREET MIAMI, FL 33186
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**24067933**



04192004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0583315	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  LAFFITTE, JORGE 14393 S.W. 142 STREET MIAMI, FL 33186
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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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAFFITTE, JORGE 14393 S.W. 142 STREET MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAFFITTE, ORLANDO 14393 S.W. 142 STREET MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAFFITTE, JORGE 14393 SW 142 STREET MIAMI, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAFFITTE, ORLANDO 14393 SW 142 STREET MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** Jorge Laffitte 3/24/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #