FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91788 007 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000041893

1. Entity Name

L & L Investment Group, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
14393 S.W 142 St	14393 S.W 142 St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33186 Country:	Zip: 33186 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0583315 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Lassitte, Jorge.

Street Address (P.O. Box Number is Not Acceptable): 14393 S.W. 142 St.

City: Miami FL Zip Code: 33186

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: Jorge Lassitte 4/29/03
Signature, typed or printed name of Registered Agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1- May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	V.P, PD.
NAME	Lassitte, Jorge.
STREET ADDRESS	14393 S.W 142 St.
CITY-ST-ZIP	Miami, FL 33186.
TITLE	T, VD
NAME	Lassitte, Orlando
STREET ADDRESS	14393 S.W 142 St.
CITY-ST-ZIP	Miami, FL 33186.
TITLE	S.
NAME	Perez, William
STREET ADDRESS	14393 S.W. 142 St.
CITY-ST-ZIP	Miami, FL 33186.
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jorge Lassitte 4/29/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #