

FROM : DRUJAK & WILLIAMS

FAX NO. : 9547309349

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90003 032 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000025700 1. Entity Name LEON ENTERPRISES OF S. FLA., INC.			
Principal Place of Business 4153 SW 47TH AVE #125 DAVIE, FL 33314		Mailing Address 4153 SW 47TH AVE #125 DAVIE, FL 33314	
2. Principal Place of Business 4100 N. PowerLine Rd		3. Mailing Address 4100 N. PowerLine Rd	
Suite, Apt. #, etc. Suite P-9		Suite, Apt. #, etc. Suite P-9	
City & State Pompano Beach FL		City & State Pompano Beach FL	
Zip 33073		Zip 33073	
Country USA		Country USA	
4. FEI Number 01-0771289		Applied For ☒ Not Applicable	
5. Certificate of Status Duesed ☐ \$8.75 Additional Fee Required		07192004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent LEON, ALBERT R. 4153 SW 47TH AVE #125 DAVIE, FL 33314		7. Name and Address of New Registered Agent Name LEON, ALBERT R Street Address (P.O. Box Number is Not Acceptable) 4100 N. PowerLine Rd, Suite P-9 City Pompano Beach FL Zip Code 33073	
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 their applicability. (NOTE: Registered Agent signature required when filing.)			
FILE NOW!! FEE IS \$150.00 Due by September 8, 2004			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OPTS LEON, ALBERT R 4153 SW 47TH AVE #125 DAVIE, FL 33314	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OPTS LEON, ALBERT R 4100 N. PowerLine Rd, Suite P-9 Pompano Beach FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DIAZ, DAVID 11090 CAMERON COURT DAVIE, FL 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DIAZ, DAVID 4100 N. PowerLine Rd, Suite P-9 Pompano Beach FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete]
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 an officer or trustee empowered.			
SIGNATURE: Albert R. Leon 7/15/04 954-957-8746 SIGNATURE AND TYPE OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR			

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