

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000025700

1. Entity Name
LEON ENTERPRISES OF S. FLA., INC.



Principal Place of Business
4100 N POWERLINE ROAD
STE P-9
POMPANO BEACH, FL 33073

Mailing Address
4100 N POWERLINE ROAD
STE P-9
POMPANO BEACH, FL 33073



03072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0771289	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEON, ALBERT R
4100 N POWERLINE ROAD
STE P-90
POMPANO BEACH, FL 33073

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	OPTS LEON, ALBERT R 4100 N POWERLINE ROAD STE P-9 POMPANO BEACH, FL 33073
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV DIAZ, DAVID 4100 N POWERLINE ROAD STE P-9 POMPANO BEACH, FL 33073
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IN THIS SPACE**

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04/21/05-80012-006 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #