

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000058119

**FILED**  
**Jan 22, 2008**  
**Secretary of State**

**Entity Name:** FLEITES DELEON FLEITES INC.

**Current Principal Place of Business:**

2525 NW 18 TERRACE  
MIAMI, FL 33125

**New Principal Place of Business:**

**Current Mailing Address:**

825 MESSINA AVE  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 20-1452669

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

DELEON FLEITES, MARIA PVS  
825 MESSINA AVENUE  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PVS ( ) Delete  
Name: DELEON FLEITES, MARIA  
Address: 825 MESSINA AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA DELEON-FLEITES

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01/22/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date