I hereby 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 all other like empowered.					
SIGNATURE: NEIL DELEON	PRESIDENT	04/23/2021			

SIGNATURE: NEIL DELEON

Electronic Signature of Signing Officer/Director Detail

Date

# 2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000026087

Entity Name: DE LEON & DE LEON, P.A.

#### **Current Principal Place of Business:**

44 WEST FLAGLER STREET 2250 MIAMI, FL 33130

## **Current Mailing Address:**

44 WEST FLAGLER STREET 2250 MIAMI, FL 33130 US

#### FEI Number: 65-0739063

## Name and Address of Current Registered Agent:

DELEON, NEIL A 44 WEST FLAGLER STREET SUITE 2250 MIAMI, FL 33130 US

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	RE: NEIL A. DELEON				
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	PD	Title	VPSD		
Name	DELEON, NEIL A	Name	DELEON, KIRK		
Address	44 WEST FLAGLER STREET, STE. 2250	Address	44 WEST FLAGLER STREET, ST 2250	E.	
City-State-Zip:	MIAMI FL 33130	City-State-Zip:	MIAMI FL 33130		

Certificate of Status Desired: No

# Apr 23, 2021 Secretary of State 7723745920CC

FILED