

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 563116

1. Entity Name
**A. LEON INTERIORS MANUFACTURERS &
DISTRIBUTORS, INC.**



Principal Place of Business
**2941 S.W. 72ND AVE
MIAMI, FL 33155**

Mailing Address
**2941 S.W. 72ND AVE
MIAMI, FL 33155**

DO NOT WRITE IN THIS SPACE



07072008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1884862

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEON, ANTONIO A.
3885 SOUTHWEST 5TH STREET
MIAMI, FL 33134**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LEON, ANTONIO A
STREET ADDRESS 3885 SW 5TH ST
CITY- ST- ZIP MIAMI, FL

TITLE SD
NAME LEON, ELSA C
STREET ADDRESS 3885 SW 5TH ST
CITY- ST- ZIP MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U000000954027
07/10/08-80008-019 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 #