

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G25028

FILED
Apr 26, 2005
Secretary of State

Entity Name: LEON CASES ASSOCIATES, INC.

Current Principal Place of Business:

1845 NE 211TH TERRACE
%LEON CASES
NORTH MIAMI BEACH, FL 33179

New Principal Place of Business:

2301 NE 211TH STREET
%LEON CASES
MIAMI, FL 33180

Current Mailing Address:

1845 NE 211TH TERRACE
%LEON CASES
NORTH MIAMI BEACH, FL 33179

New Mailing Address:

2301 NE 211TH STREET
%LEON CASES
MIAMI, FL 33180

FEI Number: 59-2269060

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASES, LEON
1845 NE 211TH TERRACE
NORTH MIAMI BEACH, FL 33179 US

Name and Address of New Registered Agent:

CASES, LEON
2301 NE 211TH STREET
MIAMI, FL 33180 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:

04/26/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CASES, LEON,
Address: 1845 NE 211 TERRACE
City-St-Zip: N. MIAMI BEACH, FL

Title: VD () Delete
Name: CASES, MARY KATONA,
Address: 1845 NE 211 TERRACE
City-St-Zip: N. MIAMI BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CASES, LEON,
Address: 2301 NE 211 TH STREET
City-St-Zip: MIAMI, FL 33180 US

Title: VD (X) Change () Addition
Name: CASES, MARY KATONA,
Address: 2301 NE 211 TH STREET
City-St-Zip: MIAMI, FL 33180 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LEON CASES

PD

04/26/2005

Electronic Signature of Signing Officer or Director

Date