


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 13, 2007 08:00 AM
Secretary of State

DOCUMENT # G25028 1. Entity Name LEON CASES ASSOCIATES, INC.	
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Principal Place of Business 2301 NE 211TH STREET %LEON CASES MIAMI, FL 33180	Mailing Address 2301 NE 211TH STREET %LEON CASES MIAMI, FL 33180
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06042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2269060	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CASES, LEON 2301 NE 211TH STREET MIAMI, FL 33180	DO NOT WRITE IN THIS SPACE
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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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASES, LEON 2301NE 211 TH STREET MIAMI, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CASES, MARY KATONA 2301 NE 211 TH STREET MIAMI, FL 33180
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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06/13/07-80001-018 150.00

**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:  **LEON CASES** **6/4/07** **305-931-6670**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #