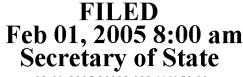
#### 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

### € سِرِ دو **DOCUMENT # H25707** PEDRO LEON CORP. INC. Mailing Address Principal Place of Business 8240 S.W. 87 TERRACE 25-41 EAST 8 STREET MIAMI, FL 33143 HIALEAH, FL 33010



02-01-2005 90033 003 \*\*\*150.00



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01252005

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2475748

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEON, PEDRO 8240 SW 87 TERRACE MIAMI, FL 33143

NG, LAI WAN

MIAMI, FL

8240 SW 87TH TERR.

**8240 SW 87 TERRACE** 

LEON, PEDRO J

MIAMI, FL 33143

LEON, JIMMY 8240 SW 87 TERRACE

NAME

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-7IP

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	named entity submits this statement for the prions of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or both, in t	he State of Florida. I am familiar with, and ad	cept
SIGNATURE_						_
	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finan- Trust Fund Contribution.	cing □	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE	DP					
NAME	LEON, PEDRO					
STREET ADDRESS	8240 SW 87TH TERR.					
CITY-ST-ZIP	MIAMI, FL					
TITLE	DS					

# DO NOT WRITE IN THIS SPACE

CITY-ST-ZIP MIAMI, FL 33143 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

<b>SIGNAT</b>	TURE:
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #