

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J59514

FILED  
Feb 21, 2010  
Secretary of State

**Entity Name:** LEON'S ALTERNATOR & STARTER, INC.

**Current Principal Place of Business:**

% LEON HAPONUK  
180 S. KROME AVE  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

180 S. KROME AVE  
HOMESTEAD, FL 33030

**Current Mailing Address:**

% LEON HAPONUK  
180 S. KROME AVE  
HOMESTEAD, FL 33030

**New Mailing Address:**

180 S. KROME AVE  
HOMESTEAD, FL 33030

**FEI Number:** 59-2786939

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HAPONUK, LEON  
180 S. KROME AVE  
HOMESTEAD, FL 33030 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HAPONUK, LEON  
Address: 180 S. KROME AVE.  
City-St-Zip: HOMESTEAD, FL

Title: VP  
Name: HAPONUK, ALICIA  
Address: 180 S. KROME AVE.  
City-St-Zip: HOMESTEAD, FL

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: LEON HAPONUK

P

02/21/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date