## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000039845

Entity Name: LEON INVEST AND TRADE CORP.

FILED Aug 01, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	KVIEW DRIVE #1405 ALE, FL 33009			
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
	KVIEW DRIVE #1405 ALE, FL 33009			
FEI Number	: FEI Number Applied For (	) FEI Number Not Applicable (X)	Certificate of Status Desired ( )	
Name and	Address of Current Registered Age	nt: Name and Address	of New Registered Agent:	
2500 PAR HALLAND The above	SACAL, JAIME KVIEW DRIVE #1405 ALE, FL 33009 US named entity submits this statement for e of Florida.	r the purpose of changing its registere	ed office or registered agent, or both,	
SIGNATUI	RE:			
	Electronic Signature of Registere	ed Agent	Date	
	ce with s. 607.193(2)(b), F.S., the corporation mpaign Financing Trust Fund Contribution (			
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	D ( ) Delete KABABIE SACAL, JAIME 2500 PARKVIEW DRIVE #1405 HALLANDALE, FL 33009	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ( ) Delete KABABIE SACAL, RAFAEL 2500 PARKVIEW DRIVE #1405 HALLANDALE, FL 33009	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( ) Delete KABABIE SACAL, SOLOMON 2500 PARKVIEW DRIVE #1405 HALLANDALE, FL 33009	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( ) Delete KABABIE SACAL, MOISES 2500 PARKVIEW DRIVE #1405 HALLANDALE, FL 33009	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	D () Delete SACAL KABABIE, PAULINA 2500 PARKVIEW DRIVE #1405	Title: Name: Address:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

City-St-Zip:

SIGNATURE: JAIME KABABIE SACAL D 08/01/2009

City-St-Zip: HALLANDALE, FL 33009