

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90160 012 ***150.00

DOCUMENT # P02000117351

1. Entity Name
LEON INVESTIGATIONS, INC.



Principal Place of Business
**1891 S.W. 21 STREET
MIAMI, FL 33145**

Mailing Address
**1891 S.W. 21 STREET
MIAMI, FL 33145**

50024539



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

02282005 Chg-P CR2E034 (10/03)

City & State
Zip Country

4. FEI Number
30-0126313

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LEON, MARIA I
1891 S.W. 21 STREET
MIAMI, FL 33145**

7. Name and Address of New Registered Agent

Name
Beatriz Ortiz

Street Address (P.O. Box Number is Not Acceptable)
7635 SW 1st Place

City
Miami

FL Zip Code
33173

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 *Beatriz Ortiz* **022805**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LEON, MARIA I 1891 S.W. 21 STREET MIAMI, FL 33145 | <input type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
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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.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

022804 3052993076
Date Daytime Phone #