


FILED
Mar 10, 2008 8:00 am
Secretary of State

02-11-2008 90041 007 ***158.75

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000135617			
1. Entity Name DE LEON FARMS INC			
Principal Place of Business 19855 SW 272 ST HOMESTEAD, FL 33031		Mailing Address 19855 SW 272 ST HOMESTEAD, FL 33031	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01222008		Chg-P	CR2E034 (12/06)
4. FEI Number 52-2390833		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
		Name DeLeon, Arturo	
		Street Address (P.O. Box Number is Not Acceptable)	
		17604 SW 245 Terr.	
		City Homestead	FL Zip Code 33031
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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DE LEON, ARTHUR 17604 SW 245 TERR HOMESTEAD, FL 33031 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DeLeon, Arturo 17604 SW 245 Terr Homestead, FL 33031 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: Arturo De Leon		3/7/08 (305) 248-3975	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	