


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90017 013 ***150.00

DOCUMENT # P03000047612	
1. Entity Name DE LEON ENTERPRISES, INC.	

Principal Place of Business 625 PALMETTO ST WEST PALM BEACH, FL 33405	Mailing Address 625 PALMETTO ST WEST PALM BEACH, FL 33405
---	---

2. Principal Place of Business 1310 North "O" ST Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
--	---

City & State LAKE WORTH, FL	City & State
Zip 33460	Country USA

400



01092006 Chg-P CR2E034 (11/05)

4. FEI Number 16-1666463	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent JOHN PORTER ACCOUNTING 400 S. FEDERAL HWY, SUITE 404 BOYNTON BEACH, FL 33435	
---	--


7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____	DATE _____
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D DE LEON, CARLOS M 625 PALMETTO ST WEST PALM BEACH, FL 33405	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P DE LEON CARLOS MIGUEL 1310 North "O" St. LAKE WORTH, FL 33460	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D HOZIEL DUARTE MARTINEZ 1831 E. TERRACE DR. LAKE WORTH, FL 33460	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D HABDIEL DUARTE MARTINEZ 2727 HOLLY ROAD WEST PALM BEACH, FL 33406	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: 	Date: 01-28-06
Daytime Phone #: (561) 704 9912	

ATTACHMENT H0008614
#P03000047612


Florida *The Sunshine State*
DRIVER LICENSE CLASS E
D635-320-75-208-0


HOZIEL DUARTE MARTINEZ
1837 E TERRACE DRIVE
LAKE WORTH, FL 33460-6452
DOB: 06-08-1975 SEX: M HGT: 6-07
ISSUED: 08-30-2004
EXPIRES: 07-15-2006
REST
ENDORSE


Hoziel

T020408300336 **SAFE DRIVER**
Operation of a motor vehicle constitutes consent to any sobriety test required by law

Florida *The Sunshine State*
DRIVER LICENSE CLASS E
D635-320-79-459-0


HABIELL DUARTE MARTINEZ
2727 HOLLY RD
WEST PALM BCH, FL 33408-4337
DOB: 12-19-1979 SEX: M HGT: 6-09
ISSUED: 07-12-2006
EXPIRES: 07-12-2007

Habiell



P010507120002 **SAFE DRIVER**
Operation of a motor vehicle constitutes consent to any sobriety test required by law

