

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000047612

1. Entity Name
DE LEON ENTERPRISES, INC.



Principal Place of Business
1310 NORTH O STREET
LAKE WORTH, FL 33460

Mailing Address
1310 NORTH O STREET
LAKE WORTH, FL 33460

DO NOT WRITE IN THIS SPACE



01132007 No Chg-P CR2E034 (11/05)

4. FEI Number
16-1666463

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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

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IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DE LEON, CARLOS M
STREET ADDRESS	1310 NORTH O STREET
CITY- ST- ZIP	LAKE WORTH, FL 33460
TITLE	D
NAME	MARTINEZ, HABDIEL DUARTE
STREET ADDRESS	2727 HOLLY ROAD
CITY- ST- ZIP	WEST PALM BEACH, FL 33406
TITLE	D
NAME	MARTINEZ, HOZIEL DUARTE
STREET ADDRESS	1837 E. TERRACE DR
CITY- ST- ZIP	LAKE WORTH, FL 33460
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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02/09/07-80009-009 150.00

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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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 01-26-07 Daytime Phone #