

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91035 034 \*\*\*150.00

**DOCUMENT # P03000072770**

1. Entity Name

LEON INDUSTRIES INVESTMENT CORP.

*Leon Industries Investment Corp.*



Principal Place of Business

1021 NE 160 ST  
NORTH MIAMI BEACH FL 33162

Mailing Address

1021 NE 160 ST  
NORTH MIAMI BEACH FL 33162

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

*061700260*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NOEL, GARRY  
1021 NE 160 ST  
NORTH MIAMI BEACH FL 33162

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

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DCEO	<input type="checkbox"/> Delete
NAME	NOEL, GARRY	
STREET ADDRESS	1021 NE 160 ST	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	NOEL, PROPHETIA	
STREET ADDRESS	1021 NE 160 ST	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
TITLE	CMO	<input type="checkbox"/> Delete
NAME	NOEL, PROPHSE	
STREET ADDRESS	1021 NE 160 ST	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #