

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90170 041 ***150.00

DOCUMENT # P03000122577

1. Entity Name
LEON ADVERTISING & PUBLIC RELATIONS, INC.



Principal Place of Business

35 SW 27TH AVENUE
MIAMI, FL 33135

Mailing Address

35 SW 27TH AVENUE
MIAMI, FL 33135

2. Principal Place of Business

11501 SW 40 Street

3. Mailing Address

11501 SW 40 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33165

Country

U.S.A.

Zip

33165

Country

U.S.A.

01262005

Chg-P

CR2E034 (10/03)

4. FEI Number

20-0363818

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EISEMAN, STUART
35 SW 27TH AVENUE
MIAMI, FL 33135

7. Name and Address of New Registered Agent

Name

MAURY, ALBERT R.

Street Address (P.O. Box Number is Not Acceptable)

11501 SW 40 Street

City

Miami

FL

Zip Code

33165

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

Albert R. Maury
Signature, typed or printed name of registered agent and date of signature

(NOTE: Registered Agent signature required when reinstating)

02/24/05

DATE

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	D	<input type="checkbox"/> Delete
NAME	MELENZ, JULIO E	
STREET ADDRESS	35 SW 27TH AVENUE	
CITY - ST - ZIP	MIAMI, FL 33135	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAURY, ALBERT	
STREET ADDRESS	35 SW 27TH AVENUE	
CITY - ST - ZIP	MIAMI, FL 33135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELENZ, JULIO	
STREET ADDRESS	11501 SW 40 Street	
CITY - ST - ZIP	Miami, FL 33165	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAURY, ALBERT	
STREET ADDRESS	11501 SW 40 Street	
CITY - ST - ZIP	Miami, FL 33165	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 the information empowered.

SIGNATURE: X

Albert R. Maury
Signature and typed or printed name of signing officer or director

02/24/05

Date

(305) 642-5366

Telephone Number