

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000122577 1. Entity Name LEON ADVERTISING & PUBLIC RELATIONS, INC.	
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Principal Place of Business 11501 SW 40 STREET MIAMI, FL 33165	Mailing Address 11501 SW 40 STREET MIAMI, FL 33165
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

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 MAURY, ALBERT R 11501 SW 40 STREET MIAMI, FL 33165	DO NOT WRITE IN THIS SPACE
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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. ☐ \$5.00 May Be Added to Fees	U000000781599 01/15/08-80040-003 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MENDEZ, JULIO E 11501 SW 40 STREET MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MAURY, ALBERT 11501 SW 40 STREET MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LEON, BENJAMIN JR 11501 SW 40 STREET MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEON, BENJAMIN III 11501 SW 40 STREET MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEON, LOURDES 11501 SW 40 STREET MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEON, SILVIA 11501 SW 40 STREET MIAMI, FL 33165

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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: Julio E. Mendez Julio E. Mendez 1/7/2008 (305) 631-5750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #