


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90079 043 ***150.00

DOCUMENT # P04000115437	
1. Entity Name LEON'S CARPET INSTALLATION, INC	

Principal Place of Business 5601 SW 12 ST APT #101-B NO LAUDERDALE, FL 33068	Mailing Address 5601 SW 12 ST APT #101-B NO LAUDERDALE, FL 33068
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2. Principal Place of Business - No P.O. Box # 7701 SW 10th Ct Suite, Apt. #, etc # D	3. Mailing Address 7701 SW 10th Ct Suite, Apt. #, etc # D
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City & State POMPANO BEACH FL	City & State POMPANO BEACH FL
Zip 33068	Zip 33068
Country USA	Country USA



03102007 Chg-P CR2E034 (12/06)

4. FEI Number 20-1461999	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LEON, SILVERIO H 5601 SW 12 ST APT #101-B NO LAUDERDALE, FL 33068	7. Name and Address of New Registered Agent Name LEON SILVERIO Street Address (P.O. Box Number is Not Acceptable) 7701 SW 10th Ct # D City & State POMPANO BEACH FL Zip Code 33068
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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 LEON SILVERIO 	DATE 3/10/07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LEON, SILVERIO H 5601 SW 12 ST APT #101-B NO LAUDERDALE, FL 33068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LEON, SILVERIO 7701 SW 10th Ct # D POMPANO BEACH FL 33068 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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 3/10/07	DEUTER PHONE #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		