

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000156007

Entity Name: LEON INSURANCE, INC.

FILED
Jul 05, 2006
Secretary of State

Current Principal Place of Business:

PO BOX 720574
MIAMI, FL 33172

New Principal Place of Business:

1461 SE 18TH TERR
HOMESTEAD, FL 33035 US

Current Mailing Address:

PO BOX 720574
MIAMI, FL 33172

New Mailing Address:

1461 SE 18 TERR
HOMESTEAD, FL 33035 US

FEI Number: 32-0132520

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEON, LAYDELIS
3514 W 76TH ST UNIT 203
HIALEAH, FL 33018 US

Name and Address of New Registered Agent:

LEON, LAYDELIS
1461 SE 18 TERR
HOMESTEAD, FL 33035 US

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.

SIGNATURE: LAYDELIS LEON

07/05/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COBO, JOAQUIN
Address: 3514 W 76TH ST UNIT 203
City-St-Zip: HIALEAH, FL 33018

Title: V () Delete
Name: LEON, LAYDELIS
Address: 3514 W 76TH ST UNIT 203
City-St-Zip: HIALEAH, FL 33018

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COBO, JOAQUIN
Address: 1461 SE 18 TERR
City-St-Zip: HOMESTEAD, FL 33035 US

Title: V (X) Change () Addition
Name: LEON, LAYDELIS
Address: 1461 SE 18 TERR
City-St-Zip: HOMESTEAD, FL 33035 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAYDELIS LEON

VP

07/05/2006

Electronic Signature of Signing Officer or Director

Date