2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# P05000085625

Entity Name: LEON VENDING, INC.

Current Principal Place of Business:

1211 SEMINOLA BLVD
121
CASSELBERRY, FL 32707 US

New Principal Place of Business:

Current Mailing Address:

380 S STATE RD 434
1004-276
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

FEI Number: 20-3011110 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEON, MAURIZIO
9888 MONTCLAIR CIRCLE
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

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: ______________________________
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution (X).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LEON, MAURIZIO
Address: 9888 MONTCLAIR CIRCLE
City-St-Zip: APOPKA, FL 32703 US

Title: D ( ) Delete
Name: LEON, RAQUEL G
Address: 9888 MONTCLAIR CIRCLE
City-St-Zip: APOPKA, FL 32703 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: RAQUEL G. LEON O 04/06/2009
Electronic Signature of Signing Officer or Director Date