

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000098435

1. Entity Name
LEON COURIER, INC.



FILED

06 MAY -1 PM 2:38

STATE OF FLORIDA
ALLIANCE, FLORIDA

Principal Place of Business
8531 S.W. 21 STREET
MIAMI, FL 33155

Mailing Address
8531 S.W. 21 STREET
MIAMI, FL 33155

2. Principal Place of Business

3. Mailing Address

8567 CORALWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

212

City & State

MIAMI, FL

Zip

Country

Zip

Country

33155

DADE

04182006

Chg-P

CR2E034 (11/05)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NOGUES, JORGE
8531 S.W. 21 STREET
MIAMI, FL 33155

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME NOGUES, JORGE
STREET ADDRESS 8531 S.W. 21 STREET
CITY-ST-ZIP MIAMI, FL 33155 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME LEON, MARENA
STREET ADDRESS 8531 S.W. 21 STREET
CITY-ST-ZIP MIAMI, FL 33155 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/06

Date

305-282-4366

Daytime Phone #