

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000023321

FILED
Apr 18, 2009
Secretary of State

Entity Name: D'LEON INSURANCE & FINANCIAL SERVICES, INC.

Current Principal Place of Business:

7735 NW 146 ST #204
MIAMI LAKES, FL 33016 US

New Principal Place of Business:

Current Mailing Address:

8621 SW 93RD CT.
MIAMI, FL 33173 US

New Mailing Address:

FEI Number: 65-0406032

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARGUELLO, ANA L
8621 SW 93RD CT
MIAMI, FL 33173 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 ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ARGUELLO, ANA L
Address: 8621 SW 93 CT
City-St-Zip: MIAMI, FL 33173

Title: S () Delete
Name: LIEVANO, CLAUDIA
Address: 11945 SW 100 TERRACE
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: AXEL, PREUSS-KUEHNE
Address: 2710 N BAY RD
City-St-Zip: MIAMI BEACH, FL 33140

Title: D () Delete
Name: FRESIA, ESPINOSA
Address: 7051 SW 111 PL
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: ANA L ARGUELLO

PRES

04/18/2009

Electronic Signature of Signing Officer or Director

_____ Date