

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90415 046 \*\*\*150.00

**DOCUMENT # P94000037464**

1. Entity Name

LEON BODYSHOP & GLASS, INC.



Principal Place of Business

1081 EAST 47TH ST.  
HIALEAH, FL 33013

Mailing Address

1081 EAST 47TH ST.  
HIALEAH, FL 33013

2. Principal Place of Business

3. Mailing Address

1800 W. 49 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

201

City & State

City & State

Hialeah, FL

Zip

Country

Zip

Country

33012

USA

02052004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0491168

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

LEON, MARIO M  
1081 EAST 47TH ST.  
HIALEAH, FL 33013

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPT ☐ Delete  
NAME LEON, MARIO M  
STREET ADDRESS 3761 EAST 9TH LANE  
CITY- ST- ZIP HIALEAH, FL 33013

TITLE VD ☐ Delete  
NAME LEON, MERCEDES G  
STREET ADDRESS 3761 EAST 9TH LANE  
CITY- ST- ZIP HIALEAH, FL 33013

TITLE SD ☐ Delete  
NAME LEON, MARIO A  
STREET ADDRESS 3761 EAST 9TH LANE  
CITY- ST- ZIP HIALEAH, FL 33013

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

2-5-04 305-681-0676

Cell

Daytime Phone