2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000037464

1. Entity Name
LEON BODYSHOP & GLASS, INC.

Principal Place of Business	Mailing Address
1081 EAST 47TH ST. HIALEAH, FL 33013	1800 W. 49 ST., #301 HIALEAH, FL 33012

DO NOT WRITE IN THIS SPACE

01202005 No 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

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

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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: Mario Leon 1/20/05
Signature, typed or printed name of Registered Agent and title if applicable. (NOTE: Registered Agent signature required when remaining) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000355181
05/03/05-80137-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	LEON, MARIO M
STREET ADDRESS	3761 EAST 9TH LANE
CITY-ST-ZIP	HIALEAH, FL 33013
TITLE	VD
NAME	LEON, MERCEDES G
STREET ADDRESS	3761 EAST 9TH LANE
CITY-ST-ZIP	HIALEAH, FL 33013
TITLE	SD
NAME	LEON, MARIO A
STREET ADDRESS	3761 EAST 9TH LANE
CITY-ST-ZIP	HIALEAH, FL 33013
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

delete

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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: Mario Leon Mario Leon, Pres. 1/20/2005 305-681-0676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #