2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000032741

1. Entity Name
A. LEON REALTY, INC.

Principal Place of Business

15460 SW 256 ST
HOMESTEAD, FL 33032   US

Mailing Address

15460 SW 256 ST
HOMESTEAD, FL 33032   US

DO NOT WRITE IN THIS SPACE

02272006   No Chg-P   CR2E034 (11/05)

4. FEI Number
65-0658130

Applied For

Not Applicable

5. Certificate of Status Desired ☐

$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

QUINTERO, ADOLFO L
15460 SW 256 ST
HOMESTEAD, FL 33032

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IN THIS SPACE

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
TITLE	P
NAME	QUINTERO, ADOLFO L
STREET ADDRESS	15460 S W 256 ST
CITY-ST-ZIP	HOMESTEAD, FL 33032
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

U00000520282
05/02/06-80090-003 158.75

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IN THIS SPACE

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 trustees 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: ADOLFO L Quintero   (President)   305 233-1110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #