2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 10, 2007 08:00 AM Secretary of State DOCUMENT # P96000032741 1. Entity Name A. LEON REALTY, INC. Principal Place of Business Mailing Address 15460 SW 256 ST 15460 SW 256 ST HOMESTEAD, FL 33032 HOMESTEAD, FL 33032 US CR2E034 (11/05) 01082007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0658130 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 风 Fee Required 6. Name and Address of Current Registered Agent QUINTERO, ADOLFO L DO NOT WRITE 15460 SW 256 ST HOMESTEAD, FL 33032 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE QUINTERO, ADOLFO L NAME 15460 S W 256 ST STREET ADDRESS CITY-ST-ZIP HOMESTEAD, FL 33032 TITLE NAME U00000581275 01/10/07-80081-011 158.75 STREET AODRESS CITY-ST-ZIP STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS City-ST-ZIP NAME STREET ADDRESS CłTY-ST-ŻIP

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. ADOLFO L. QUINTERO SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR