


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2004 8:00 am**  
**Secretary of State**

03-05-2004 90014 002 \*\*\*150.00

<b>DOCUMENT # P96000062917</b>					
<b>1. Entity Name</b> LEON INTERNATIONAL CORP.					
<b>Principal Place of Business</b> 2271 W 77 STREET HIALEAH, FL 33016 US			<b>Mailing Address</b> 2271 W 77 STREET HIALEAH, FL 33016 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0679325	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  LEON, ALEJANDRO 2271 W 77TH ST HIALEAH, FL 33016			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		
<b>\$5.00 May Be Added to Fees</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	P LEON, ALEJANDRO 341 NW 151ST AVE PEMBROKE PINES, FL 33028		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	358 SW 163 AVE PEMBROKE PINES FL 33027	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	V ROVIS, GIULIANO 10977 GOLDEN EAGLE COURT PLANTATION, FL 33324		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		
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<b>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 667, 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.</b>					
<b>SIGNATURE: Alejandro Leon</b>			3/2/04 3055580495		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		