



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000069505		
1. Entity Name PARIS LEON CORPORATION		
Principal Place of Business 1409 WEST FLAGLER STREET MIAMI, FL 33135 US		Mailing Address 256 NW 42 AVENUE MIAMI, FL 33126 US
DO NOT WRITE IN THIS SPACE		
		 04062004 No Chg-P CR2E034 (10/03)
4. FEI Number 65-0693865		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent LEON, GRACIELA E 1409 WEST FLAGLER STREET MIAMI, FL 33135		
		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		U00000135812 04/28/04-80072-017 150.00
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	LEON, GRACIELA E	
STREET ADDRESS	9712 N.W. 6TH LANE	
CITY - ST - ZIP	MIAMI, FL 33172	
TITLE	D	
NAME	PARIS, FERNANDO A	
STREET ADDRESS	9712 N.W. 6TH LANE	
CITY - ST - ZIP	MIAMI, FL 33172	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
DO NOT WRITE IN THIS SPACE		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u><i>Graciela Leon</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
Date _____ Daytime Phone # _____		