


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000069505</b>	
1. Entity Name <b>PARIS LEON CORPORATION</b>	

Principal Place of Business <b>1409 WEST FLAGLER STREET MIAMI, FL 33135 US</b>	Mailing Address <b>256 NW 42 AVENUE MIAMI, FL 33126 US</b>
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**DO NOT WRITE IN THIS SPACE**



03112005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0693865</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>LEON, GRACIELA E 1409 WEST FLAGLER STREET MIAMI, FL 33135</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

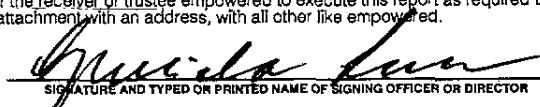
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEON, GRACIELA E 9712 N.W. 6TH LANE MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARIS, FERNANDO A 9712 N.W. 6TH LANE MIAMI, FL 33172
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03/25/05-80013-018 150.00

**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:  **03-22-05**

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