

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90288 009 \*\*\*150.00

**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**

**60025692**



2. Principal Place of Business

3. Mailing Address

**988 NW 106 ave circle**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03202006

Chg-P

CR2E034 (11/05)

City & State

City & State **Miami FL**

4. FEI Number

**65-0693865**

Applied For

Not Applicable

Zip

Country

Zip

**33172**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEON, GRACIELA E  
1409 WEST FLAGLER STREET  
MIAMI, FL 33135**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete  
NAME **LEON, GRACIELA E**  
STREET ADDRESS **9712 N.W. 6TH LANE**  
CITY - ST - ZIP **MIAMI, FL 33172**

TITLE **D** ☒ Change ☐ Addition  
NAME **Leon Graciela E**  
STREET ADDRESS **988 NW 106 ave circle Miami FL**  
CITY - ST - ZIP **33172**

TITLE **D** ☒ Delete  
NAME **PARIS, FERNANDO A**  
STREET ADDRESS **9712 N.W. 6TH LANE**  
CITY - ST - ZIP **MIAMI, FL 33172**

TITLE **D** ☐ Change ☐ Addition  
NAME **Paris Fernando**  
STREET ADDRESS **988 NW 106 ave circle Miami FL**  
CITY - ST - ZIP **33172**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #