

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90093 037 \*\*\*150.00

DOCUMENT # P97000042392

1. Entity Name

P. LEON TILES, INC.



Principal Place of Business

1631 NW 36 AVENUE  
MIAMI FL 33125  
US

Mailing Address

1631 NW 36 AVENUE  
MIAMI FL 33125  
US

2. Principal Place of Business

1631 NW 36 Ave.

Suite, Apt. #, etc.

House

3. Mailing Address

1631 NW 36 Ave.

Suite, Apt. #, etc.

House

City & State

Miami, FL

City & State

Miami, FL

Zip

33125

Country

Dade

Zip

33125

Country

Dade

4. FEI Number

65-0771463

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEON, PABLO  
1631 NW 36TH AVE  
MIAMI FL 33125

7. Name and Address of New Registered Agent

Name

N/A

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LEON, PABLO	
STREET ADDRESS	1631 NW 36TH AVE	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	S	<input type="checkbox"/> Delete
NAME	LEON, ALBA	
STREET ADDRESS	1631 NW 36TH AVE	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	V	<input type="checkbox"/> Delete
NAME	LEON, ILIANA	
STREET ADDRESS	1631 NW 36TH AVE	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	T	<input type="checkbox"/> Delete
NAME	LEON, ALEXANDER	
STREET ADDRESS	1631 NW 36TH AVE	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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:

Pablo Leon - *Pablo Leon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-04

Date

305-633-0813

Daytime Phone #