

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000042392

1. Entity Name

P. LEON TILES, INC.



Principal Place of Business

1631 NW 36 AVE
HOUSE
MIAMI FL 33125
US

Mailing Address

1631 NW 36 AVE
HOUSE
MIAMI FL 33125
US



2. Principal Place of Business - No P.O. Box #
1631 N.W. 36 Ave.

3. Mailing Address
1631 N.W. 36 Ave.

Suite, Apt. #, etc.

House

Suite, Apt. #, etc.

House

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number **65-0771463**

Applied For

Not Applicable

Zip

33125

Country

FL

Zip

33125

Country

FL

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, 2007 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 ☐ Delete
NAME LEON, PABLO
STREET ADDRESS 1631 NW 36TH AVE
CITY-STATE-ZIP MIAMI FL 33125

TITLE ☐ Delete
NAME LEON, ALBA
STREET ADDRESS 1631 NW 36TH AVE
CITY-STATE-ZIP MIAMI FL 33125

TITLE ☐ Delete
NAME LEON, ILIANA
STREET ADDRESS 1631 NW 36TH AVE
CITY-STATE-ZIP MIAMI FL 33125

TITLE ☐ Delete
NAME LEON, ALEXANDER
STREET ADDRESS 1631 NW 36TH AVE
CITY-STATE-ZIP MIAMI FL 33125

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP
U000000626354
02/15/07-80017-009 150.00

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-STATE-ZIP

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CITY-STATE-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Pablo Leon - [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-07 305-633-0813

Date

Daytime Phone #