

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000090458

1. Entity Name

DELEON'S EXOTICS AND TROPICALS INC.



Principal Place of Business

13745 SW 216 STREET
GOULDS, FL 33177

Mailing Address

13745 SW 216 STREET
GOULDS, FL 33177



01072006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0838695

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

ARAZOZA, COMAS, DE TORRES & FERNANDEZ-FRAGA, PA
2100 SALZEDO ST., STE 300
CORAL GABLES, FL 33134

**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

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

TITLE P
NAME DELEON, ROBERT
STREET ADDRESS 9961 SW 145TH TERRACE
CITY-ST-ZIP MIAMI, FL 33143

TITLE V
NAME DELEON, DONALD
STREET ADDRESS 11531 SW 132ND AVENUE
CITY-ST-ZIP MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1000001446407
03/01/06-80011-009 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Robert DeLeon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-06

Date

305 238 6028

Daytime Phone #