

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000090458

**FILED**  
**Mar 18, 2009**  
**Secretary of State**

**Entity Name:** DELEON'S EXOTICS AND TROPICALS INC.

**Current Principal Place of Business:**

13745 SW 216 STREET  
GOULDS, FL 33177

**New Principal Place of Business:**

13745 SW 216 STREET  
GOULDS, FL 33170

**Current Mailing Address:**

13745 SW 216 STREET  
GOULDS, FL 33177

**New Mailing Address:**

13745 SW 216 STREET  
GOULDS, FL 33170

**FEI Number:** 65-0838695

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DELEON, ROBERT  
Address: 9961 SW 145TH TERRACE  
City-St-Zip: MIAMI, FL 33143

Title: V ( ) Delete  
Name: DELEON, DONALD  
Address: 11531 SW 132ND AVENUE  
City-St-Zip: MIAMI, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: DELEON, ROBERT  
Address: 34418 PARKVIEW AVENUE  
City-St-Zip: EUSTIS, FL 32736

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** ROBERT DELEON

P

03/18/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date