2004 FOR PROFIT CORPORATION

FILED May 05, 2004, 08:00 AM

ANNUAL KEPUK I					Secretary of State			
DOCU	MENT # P98000048			Secre	tary of	State		
1. Entity Name								
LEON BC	DDY SHOP, INC.							
]				
} .	ce of Business	Mailing Address					-	
5306 NW 35		5306 NW 35TH AVE						
MIAMI, FL 3	33142	MIAMI, FL 33142						
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		· • ·	} }					
			04272004	No Chg-P	CR2E034	(10/03)		
Г	O NOT WRITE	CE.				·		
DO HOT WHILE IN THE OTA			-	4. FEI Numb			Applied For Not Applicable	
					of Status Desired	□ \$8	3.75 Additional	
<u> </u>	C Normanud Adduse at Comment	Deviational Security		J. Oerdindate		Ŭ Fe	e Required	
}	6. Name and Address of Current	1						
LEON, LU			no	NOT W	RITE			
830 SE 4T	H ST FL 33010							
, ,	_		IN	THIS SP	ACE			
8. The above	named entity submits this statement for	the purpose of changing its register	ed office or register	red agent, or bo	th, in the State of Flo	rida. I am fan	niliar with, and accept	
the obligat	tions of registered agent.		_	-			•	
SIGNATURE.		And Market Barrier						
	Signature, typed or printed name of registered agent a	THE TIME IL SINDICADES (MOLE HEBISTON	ed Agent signature requires	when reinstating)	·	DATE		
FILE NOWIII FEE IS \$150.00 9. Election Campaign Finar				.00 May Be	1100000	0157085		
After M	ay 1, 2004 Fee will be \$550.0	Trust Fund Contribution.	. 🗋 Add	ied to Fees	05/06/04-	-80012-6	019 150.00	
10.	OFFICERS AND	DIRECTORS						
TITLE NAME	PD LEON, LUIS				=			
STREET ADDRESS	5306 NW 35TH AVE							
CITY-ST-ZIP	MIAMI, FL 33142							
TITLE			1					
NAME STREET ADDRESS								
CITY-ST-ZIP								
TITLE		2.	1					
NAME			l					
STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE		
TRILE			1					
NAME			1	11/1	THIS SP	ACE		
STREET ADDRESS			1					
CITY-ST-ZIP			-]					
TITLE NAME								
STREET ADDRESS			1					
CITY -ST - ZIP								
INLE			1					
NAME	}							

12. I hereby certify that the information supplied with this liling does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes. I further certify that the information indicated on this report or suppliemental 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.

STREET ADDRESS CHY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR