# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Aug 08, 2005**
**Secretary of State**

DOCUMENT# P98000050022

**Entity Name:** LEON CABINET CORP.

**Current Principal Place of Business:**

647 W 27 ST
HIALEAH, FL 33010 US

**New Principal Place of Business:**

7601 NW. 25 TH. AVE
MIAMI, FL 33147 US

**Current Mailing Address:**

647 W 27 STREET
HIALEAH, FL 33010

**New Mailing Address:**

7601 NW. 25 TH. AVE.
MIAMI, FL 33147

**FEI Number: 65-0843724** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

LEON, OVED
647 W 27 ST
HIALEAH, FL 33010 US

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

LEON, OVED
7601 NW. 25 TH. AVE.
MIAMI, FL 33147 US

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: OVED LEON 08/08/2005
Electronic Signature of Registered Agent Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: LEON, OVED
Address: 647 W 27 ST
City-St-Zip: HIALEAH, FL 33010

Title: D ( ) Delete
Name: LEON, OTNIEL
Address: 647 W 27 ST
City-St-Zip: HIALEAH, FL 33010

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

Title: D (X) Change ( ) Addition
Name: LEON, OVED
Address: 7601 NW. 25 TH. AVE.
City-St-Zip: MIAMI, FL 33147

Title: D (X) Change ( ) Addition
Name: LEON, OTNIEL
Address: 7601 NW. 25 TH. AVE.
City-St-Zip: MIAMI, FL 33147

I hereby certify that the information supplied with this filing does not qualify for the 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 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: OVED LEON P 08/08/2005
Electronic Signature of Signing Officer or Director Date