

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000050022

Entity Name: LEON CABINET CORP.

FILED
Jan 21, 2009
Secretary of State

Current Principal Place of Business:

7601 NW 25TH AVE
MIAMI, FL 33147 US

New Principal Place of Business:

Current Mailing Address:

7601 NW 25TH AVE
MIAMI, FL 33147

New Mailing Address:

7601 NW 25TH AVE
MIAMI, FL 33147 US

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
7601 NW 25TH AVE
MIAMI, FL 33147 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: D () Delete
Name: LEON, OVED
Address: 7601 NW 25TH AVE
City-St-Zip: MIAMI, FL 33147

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

Title: T () Delete
Name: LEON, YAROSLABA
Address: 6612 NW 188 LANE
City-St-Zip: HIALEAH, FL 33015

Title: D () Delete
Name: CABALLERO, LILLET
Address: 20010 NW 63RD AVE
City-St-Zip: HIALEAH, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: OVED LEON

P

01/21/2009

Electronic Signature of Signing Officer or Director

Date