

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000105537

1. Entity Name
LEON SERVICE CONCRETE PUMPING CORP.



Principal Place of Business
7160 WEST 12TH LANE
HIALEAH, FL 33014

Mailing Address
7160 WEST 12TH LANE
HIALEAH, FL 33014

Filed
Feb 06, 2006 08:00 AM
Secretary of State
2/8/2006
\$158.75



02012006 No Chg-P CRZE034 (11/05)

4. FEI Number
65-0882461 Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEON, JORGE L
7160 WEST 12TH LANE
HIALEAH, FL 33014

**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 reissuing)

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**

1100000423994
02/18/06-80031-024 158.75

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
LEON, JORGE L
7160 WEST 12TH LANE
HIALEAH, FL 33014

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVD
CASALI, MARIA S
7160 WEST 12TH LANE
HIALEAH, FL 33014

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

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Signature
905-821-4221