

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

|                                                                                   |                                                                                   |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # S53764</b><br>1. Entity Name<br><b>LEON MOBILE ELECTRONICS INC.</b> |  |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                     |                                                                         |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Principal Place of Business<br><b>2406 WEST 60TH ST.<br/>HIALEAH, FL 33016-4418</b> | Mailing Address<br><b>2406 WEST 60TH ST.<br/>HIALEAH, FL 33016-4418</b> |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**



04262004 No Chg-P CR2E034 (10/03)

|                                                           |                                                        |
|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>65-0269853</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>LEON, FELIPE<br/>2406 WEST 60TH STREET<br/>HIALEAH, FL 33016-4418</b> |
|---------------------------------------------------------------------------------------------------------------------------------|

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

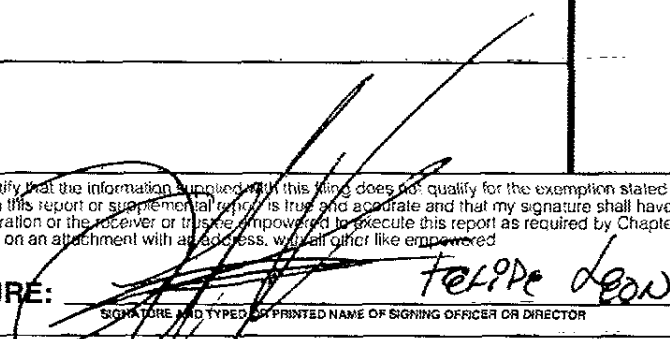
9. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00** May Be  
Added to Fees

| 10. OFFICERS AND DIRECTORS                        |                                                               |
|---------------------------------------------------|---------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <b>D<br/>LEON, FELIPE<br/>2406 W. 60TH ST<br/>HIALEAH, FL</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |                                                               |

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04/30/04-80061-005 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental filing 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, without officer like empowered

SIGNATURE:  **FELIPE LEON** 04-30-04 (305) 823-8224  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Case Daytime Phone #