


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 08:00 A
Secretary of State

DOCUMENT # S60844		
1. Entity Name THE LEON MANAGEMENT GROUP, INC.		
Principal Place of Business	Mailing Address	
6560 W ROGERS CIR STE 16 BOCA RATON, FL 33487 US	6560 W ROGERS CIR STE 16 BOCA RATON, FL 33487 US	



01312007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0285289	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
WOLF, ROBERT M P.A. 33 S.E. 4TH STREET SUITE 102 BOCA RATON, FL 33432	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

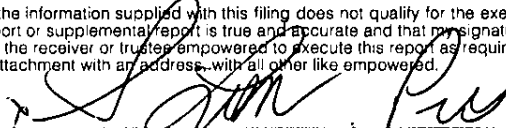
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D LEON, STEPHEN 18136 SENTINEL CIRCLE BOCA RATON, FL
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	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	

U000000693726
04/16/07-80050-014 150.00


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 #

 4/3/07
581-998-0009