

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90037 044 ***150.00

DOCUMENT # S60844 1. Entity Name THE LEON MANAGEMENT GROUP, INC.					
Principal Place of Business 6560 W ROGERS CIR STE 16 BOCA RATON, FL 33487 US			Mailing Address 6560 W ROGERS CIR STE 16 BOCA RATON, FL 33487 US		
2. Principal Place of Business - No P.O. Box # 1141 S ROGERS CIR G		3. Mailing Address 1141 S ROGERS CIR G			
Suite, Apt. #, etc. #6		Suite, Apt. #, etc. #6			
City & State Boca Raton FL		City & State Boca Raton FL		4. FEI Number 65-0285289	
Zip 33487		Country FL		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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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, 2008 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEON, STEPHEN 18136 SENTINEL CIRCLE BOCA RATON, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: X 			4/16/08 561-998-0009		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		