

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000023321

**Entity Name:** D'LEON INSURANCE & FINANCIAL SERVICES, INC.

**Current Principal Place of Business:**

8621 SW 93 CT  
MIAMI, FL 33173

**Current Mailing Address:**

8621 SW 93RD CT.  
MIAMI, FL 33173 US

**FEI Number:** 65-0406032

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ARGUELLO, ANA L  
8621 SW 93RD CT  
MIAMI, FL 33173 US

*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

**Officer/Director Detail :**

Title P  
Name ARGUELLO, ANA L  
Address 8621 SW 93 CT  
City-State-Zip: MIAMI FL 33173

Title D  
Name AXEL, PREUSS-KUEHNE  
Address 2710 N BAY RD  
City-State-Zip: MIAMI BEACH FL 33140

Title S  
Name LIEVANO, CLAUDIA  
Address 11945 SW 100 TERRACE  
City-State-Zip: MIAMI FL 33186

Title D  
Name FRESIA, ESPINOSA  
Address 7051 SW 111 PL  
City-State-Zip: MIAMI FL 33173

*I hereby 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 all other like empowered.*

**SIGNATURE:** ANA ARGUELLO

**PRESIDENT**

**04/24/2014**

Electronic Signature of Signing Officer/Director Detail

Date