

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000096856

FILED  
Apr 30, 2010  
Secretary of State

Entity Name: LEADER RISK MANAGEMENT, INC.

## Current Principal Place of Business:

2333 PONCE DE LEON BLVD  
R-200  
CORAL GABLES, FL 33134

## New Principal Place of Business:

901 BRICKELL KEY BLVD  
SUITE 906  
MIAMI, FL 33131

## Current Mailing Address:

2333 PONCE DE LEON BLVD  
R-200  
CORAL GABLES, FL 33134

## New Mailing Address:

901 BRICKELL KEY BLVD  
SUITE 906  
MIAMI, FL 33131

FEI Number: 65-1055757

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GONZALEZ, WALTER ESQ  
2333 PONCE DE LEON BLVD  
R-200  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

GONZALEZ, WALTER ESQ  
901 BRICKELL KEY BLVD  
SUITE 906  
MIAMI, FL 33131 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: WALTER GONZALEZ

04/30/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD  
Name: GONZALEZ, JOSE A  
Address: 2333 PONCE DE LEON BLVD  
City-St-Zip: CORAL GABLES, FL 33134

Title: VSD  
Name: GONZALEZ, WALTER ESQ  
Address: 901 BRICKELL KEY BLVD, SUITE 906  
City-St-Zip: MIAMI, FL 33131

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: WALTER GONZALEZ

VSD

04/30/2010

Electronic Signature of Signing Officer or Director

Date