

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000061874

Entity Name: LEO INSURANCE COMPANY, INC.

FILED  
May 01, 2010  
Secretary of State

**Current Principal Place of Business:**

2027 WEST 62 STREET  
HIALEAH, FL 33016

**New Principal Place of Business:**

**Current Mailing Address:**

2027 WEST 62 STREET  
HIALEAH, FL 33016

**New Mailing Address:**

FEI Number: 26-2877157

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MORA, BRYAN  
511 WEST 79 STREET  
HIALEAH, FL 33014 US

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

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: GARCIA, MIRTA M  
Address: 511 WEST 79 STREET  
City-St-Zip: HIALEAH, FL 33014

Title: VP  
Name: MORA, BRYAN  
Address: 511 W 79 ST  
City-St-Zip: HIALEAH, FL 33014

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: BRYAN MORA

PD

05/01/2010

Electronic Signature of Signing Officer or Director

Date