

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90172 045 ***158.75

DOCUMENT # P94000002894

1. Entity Name
LEO PHARMA, INC.



Principal Place of Business
7820 PETERS ROAD
SUITE E-100
PLANTATION, FL 33324 US

Mailing Address
7820 PETERS ROAD
SUITE E-100
PLANTATION, FL 33324 US

DO NOT WRITE IN THIS SPACE



04122007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0469932

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEISSMAN & DERVISHI, P.A.
ATTN: JEFFREY M. WEISSMAN
3109 STIRLING RD., SUITE 101
FT. LAUDERDALE, FL 33312

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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

Signature, typed or printed name of registered agent and title if applicable

(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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FICK, KRISTIAN L
STREET ADDRESS	7820 PETERS RD., STE E-100
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	FC
NAME	MOSES, GRACE
STREET ADDRESS	7820 PETERS RD., STE E-100
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	CD
NAME	KALLESTRUP, PETER C
STREET ADDRESS	INDUSTRPARKEN 55
CITY-ST-ZIP	BALLERUP DK-2750, DK DENMARK
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

Grace Moses
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12 Apr 2007 954748174