

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2008 08:00 A**  
**Secretary of State**

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



01112008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**DO NOT WRITE  
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, 2008 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	

U00000851601  
03/25/08-80046-008 158.75

**DO NOT WRITE  
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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 Feb 2008 9544748174

Date

Daytime Phone #