

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000073030

Entity Name: APPLIED THERAPEUTICS, INC.

FILED
Apr 11, 2005
Secretary of State

Current Principal Place of Business:

3104 CHERRY PALM DR
220
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

3104 CHERRY PALM DR
220
TAMPA, FL 33619

New Mailing Address:

FEI Number: 59-3533541

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOBSON, RICHARD A
501 E. KENNEDY BOULEVARD
SUITE 1700
TAMPA, FL 33602 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: BAUER, ALBERTO
Address: 3104 CHERRY PALM DR SUITE 220
City-St-Zip: TAMPA, FL 33619

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: BAUER, ALBERTO
Address: 3104 CHERRY PALM DR SUITE 220
City-St-Zip: TAMPA, FL 33619

Title: VP () Change (X) Addition
Name: KENNEDY, JOHN
Address: 3104 CHERRY PALM DR. SUITE 220
City-St-Zip: TAMPA, FL 33619

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ALBERTO BAUER

PST

04/11/2005

Electronic Signature of Signing Officer or Director

Date