

**2017 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P16000066567

**Entity Name:** ANU LIFE SCIENCES, INC.

**Current Principal Place of Business:**

4045 SHERIDAN AVE.  
SUITE 239  
MIAMI, FL 33140

**Current Mailing Address:**

4045 SHERIDAN AVE.  
SUITE 239  
MIAMI, FL 33140 US

**FEI Number:** 81-3647783

**Certificate of Status Desired:** Yes

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

MITRANI, ALBERT  
4045 SHERIDAN AVE.  
SUITE 239  
MIAMI, FL 33140 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P/S, DIRECTOR  
Name MITRANI, ALBERT  
Address 4045 SHERIDAN AVE.  
SUITE 239  
City-State-Zip: MIAMI FL 33140

Title CEO, DIRECTOR  
Name WERBER, BRUCE  
Address 4045 SHERIDAN AVE.  
SUITE 239  
City-State-Zip: MIAMI FL 33140

Title CFO, DIRECTOR  
Name IAN, BOTHWELL T.  
Address 4045 SHERIDAN AVE.  
SUITE 239  
City-State-Zip: MIAMI FL 33140

*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:** IAN T. BOTHWELL

**CFO**

**05/15/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date