

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004905

Entity Name: CANTEX PHARMACEUTICALS, INC.

FILED
Jan 11, 2021
Secretary of State
9928263783CC

Current Principal Place of Business:

1792 BELL TOWER LANE
SUITE 200
WESTON, FL 33326

Current Mailing Address:

1792 BELL TOWER LANE
SUITE 200
WESTON, FL 33326

FEI Number: 41-2035780

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BERTRAND, CLAUDE
1792 BELL TOWER LANE
SUITE 200
WESTON, FL 33326 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	PRESIDENT	Title	D
Name	MARCUS, STEPHEN G	Name	MARCUS, STEPHEN G
Address	1792 BELL TOWER LANE	Address	1792 BELL TOWER LANE
City-State-Zip:	WESTON FL 33326	City-State-Zip:	WESTON FL 33326
Title	D	Title	CFO
Name	KROEGER, CHRISTOPHER	Name	RODRIGUEZ, JUAN
Address	1792 BELL TOWER LANE	Address	1792 BELL TOWER LANE
City-State-Zip:	WESTON FL 33326	City-State-Zip:	WESTON FL 33326
Title	DIRECTOR	Title	DIRECTOR
Name	FLANZRAICH, NEIL	Name	BRADY, TODD
Address	1792 BELL TOWER LANE SUITE 200	Address	1792 BELL TOWER LANE SUITE 200
City-State-Zip:	WESTON FL 33326	City-State-Zip:	WESTON FL 33326
Title	VP FINANCE	Title	DIRECTOR
Name	BERTRAND, CLAUDE	Name	LU, SHAWN
Address	1792 BELL TOWER LANE SUITE 200	Address	1792 BELL TOWER LANE SUITE 200
City-State-Zip:	WESTON FL 33326	City-State-Zip:	WESTON FL 33326

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: CLAUDE BERTRAND **VP FINANCE** **01/11/2021**

Electronic Signature of Signing Officer/Director Detail Date