

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000004905

**Entity Name:** CANTEX PHARMACEUTICALS, INC.

**FILED**  
**Feb 08, 2016**  
**Secretary of State**  
**CC8565856006**

**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  
Name            MARCUS, STEPHEN G  
Address        1792 BELL TOWER LANE  
City-State-Zip: WESTON FL 33326

Title            D  
Name            MARCUS, STEPHEN G  
Address        1792 BELL TOWER LANE  
City-State-Zip: WESTON FL 33326

Title            D  
Name            KROEGER, CHRISTOPHER  
Address        1792 BELL TOWER LANE  
City-State-Zip: WESTON FL 33326

Title            CFO  
Name            RODRIGUEZ, JUAN  
Address        1792 BELL TOWER LANE  
City-State-Zip: WESTON FL 33326

Title            DIRECTOR  
Name            FLANZRAICH, NEIL  
Address        1792 BELL TOWER LANE  
                 SUITE 200  
City-State-Zip: WESTON FL 33326

Title            DIRECTOR  
Name            BRADY, TODD  
Address        1792 BELL TOWER LANE  
                 SUITE 200  
City-State-Zip: WESTON FL 33326

Title            VP FINANCE  
Name            BERTRAND, CLAUDE  
Address        1792 BELL TOWER LANE  
                 SUITE 200  
City-State-Zip: WESTON FL 33326

Title            DIRECTOR  
Name            LU, SHAWN  
Address        1792 BELL TOWER LANE  
                 SUITE 200  
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

02/08/2016

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

\_\_\_\_\_  
Date