

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004905

Entity Name: CANTEX PHARMACEUTICALS, INC.**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

01/30/2017

Electronic Signature of Signing Officer/Director Detail_____
Date