

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000002267

Entity Name: KUROBE PHARMACEUTICALS, INC.**Current Principal Place of Business:**400 N ASHLEY DRIVE STE 2150
TAMPA, FL 33602**Current Mailing Address:**400 N ASHLEY DRIVE STE 2150
TAMPA, FL 33602**FEI Number: 90-0907409****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**COLEMAN, DREY
400 N ASHLEY DRIVE STE 2150
TAMPA, FL 33602 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	DP
Name	BUTLER, BARRY
Address	400 N ASHLEY DRIVE STE 2150
City-State-Zip:	TAMPA FL 33602

Title	D
Name	IANCHULEV, SEAN
Address	707 OREGON AVE
City-State-Zip:	SAN MAREO CA 94402

Title	D
Name	KAFAYAMA, EIJA
Address	2-5-8 HIRANOMACHI CHUO-KU
City-State-Zip:	OSAKA, 541-0046, JAPAN XX

Title	D
Name	TAKAHASHI, NAOHITO
Address	2-5-8 HIRANOMACHI CHUO-KU
City-State-Zip:	OSAKA, 541-0046, JAPAN XX

Title	D
Name	LABELLE, CURT
Address	4525 HARDING PIKE STE 200
City-State-Zip:	NASHVILLE TN 37205

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: BARRY BUTLER**DP****05/04/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date