## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F03000002624

Entity Name: INYX PHARMACEUTICALS, INC.

## FILED Jun 07, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 801 BRICKELL, 9TH FLOOR 825 THIRD AVENUE MIAMI, FL 33131 40TH FLOOR NEW YORK, NY 10022 **Current Mailing Address:** New Mailing Address: 801 BRICKELL, 9TH FLOOR 825 THIRD AVENUE MIAMI, FL 33131 40TH FLOOR NEW YORK, NY 10022 FEI Number: 75-2870720 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: KACHKAR, JACK KACHKAR, JACK 801 BRICKELL, 9TH FLOOR 445 GRAND BAY DRIVE MIAMI, FL 33131 1210 KEY BISCAYNE, FL 33149 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: 06/07/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: **PVST** ( ) Delete Title: (X) Change ( ) Addition Name: KACHKAR, JACK Name: KACHKAR, JACK 801 BRICKELL, 9TH FLOOR 445 GRAND BAY DRIVE, #1210 Address: Address: MIAMI, FL 33131 City-St-Zip: City-St-Zip: KEY BISCAYNE, FL 33149 US Title: ( ) Change (X) Addition Title: ( ) Delete Name: Name: LUGO, ORESTES 3801 NE 207 STREET, SUITE 2501 Address: Address: AVENTURA, FL 33180 US City-St-Zip: City-St-Zip: Title: Title: () Delete ( ) Change (X) Addition HANDLEY, STEVEN Name: Name: 37 PARKLAND DRIVE, ELTON NEAR CHESTER Address Address: City-St-Zip: City-St-Zip: CHESHIRE, UK CH24PC UK Title: () Delete Title: ( ) Change (X) Addition HUNTER, COLIN Name: Name: Address: Address: 11 HUMBER CLOSE, WIDNES City-St-Zip: City-St-Zip: CHESHIRE, UK WA83YY UK Title: Title: ( ) Change (X) Addition ( ) Delete BROWN, DOUGLAS Name: Name: Address: STURDY'S, TASTON Address: City-St-Zip: City-St-Zip: OXON, UK OX73JL UK

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JACK KACHKAR PRES 06/07/2004

() Delete

Title:

Name:

Address:

City-St-Zip:

( ) Change (X) Addition

GOLDSHMIDT, RIMA

103 OVERBROOK PLACE

TORONTO, ON M3H 4P5 CA