

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006002

FILED
Jun 30, 2005
Secretary of State

Entity Name: ENTERON PHARMACEUTICALS, INC.

Current Principal Place of Business:

1691 MICHIGAN AVE., SUITE 435
MIAMI BEACH, FL 33139

New Principal Place of Business:

1691 MICHIGAN AVE.
SUITE 435
MIAMI BEACH, FL 33139

Current Mailing Address:

1691 MICHIGAN AVE., SUITE 435
MIAMI BEACH, FL 33139

New Mailing Address:

1691 MICHIGAN AVE.
SUITE 435
MIAMI BEACH, FL 33139

FEI Number: 13-4038081

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLAVIJO, JAMES
1691 MICHIGAN AVE., SUITE 435
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

ANGELL CORPORATE SERVICES, INC.
ONE NORTH CLEMATIS STREET
SUITE 400
WEST PALM BEACH, FL 33401 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: LES CROLAND

06/30/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: GENERAL ALEXANDER HA, IG
Address: 1691 MICHIGAN AVE., SUITE 435
City-St-Zip: MIAMI BEACH, FL 33139

Title: VC () Delete
Name: STEVE HI KANZER,
Address: 1691 MICHIGAN AVE., SUITE 435
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: KESSELL, LARRY
Address: 1691 MICHIGAN AVE., SUITE 435
City-St-Zip: MIAMI BEACH, FL 33139

Title: D (X) Delete
Name: SALOMON, PETER
Address: 1691 MICHIGAN AVE., SUITE 435
City-St-Zip: MIAMI BEACH, FL 33139

Title: P (X) Delete
Name: GREEN, GEOFF
Address: 1691 MICHIGAN AVE., SUITE 435
City-St-Zip: MIAMI BEACH, FL 33139

Title: V (X) Delete
Name: BREY, ROBERT
Address: 1691 MICHIGAN AVE., SUITE 435
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: SEMBER, MICHAEL T
Address: 1691 MICHIGAN AVE., SUITE 435
City-St-Zip: MIAMI BEACH, FL 33139

Title: CFO (X) Change () Addition
Name: MYRIANTHOPOULOS, EVAN
Address: 1691 MICHIGAN AVE., SUITE 435
City-St-Zip: MIAMI BEACH, FL 33139

Title: TREA (X) Change () Addition
Name: CLAVIJO, JAMES
Address: 1691 MICHIGAN AVE., SUITE 435
City-St-Zip: MIAMI BEACH, FL 33139

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: JAMES CLAVIJO

TREA

06/30/2005

Electronic Signature of Signing Officer or Director

Date