

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001040

Entity Name: TIGRIS PHARMACEUTICALS, INC.

FILED  
Mar 19, 2009  
Secretary of State

## Current Principal Place of Business:

3359 WOODS EDGE CIR - STE 103  
BONITA SPRINGS, FL 34134

## New Principal Place of Business:

## Current Mailing Address:

3359 WOODS EDGE CIR - STE 103  
BONITA SPRINGS, FL 34134

## New Mailing Address:

FEI Number: 83-0420434

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MUNIZ, EDMUNDO  
3359 WOODS EDGE CIR - STE 103  
BONITA SPRINGS, FL 34134 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: C ( ) Delete  
Name: KAZAM, JOSHUA  
Address: 689 FIFTH AVE - 12TH FLOOR  
City-St-Zip: NEW YORK, NY 10022

Title: D ( ) Delete  
Name: GRANADILLO, PEDRO  
Address: 3359 WOODS EDGE CIRCLE, STE 103  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D ( ) Delete  
Name: MIEYAL, PAUL  
Address: 3359 WOODS EDGE CIRCLE, STE 103  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D ( ) Delete  
Name: HAIG, ALEXANDER  
Address: 689 FIFTH AVE - 12TH FLOOR  
City-St-Zip: NEW YORK, NY 10022

Title: P ( ) Delete  
Name: MUNIZ, EDMUNDO MD,PHD  
Address: 3359 WOODS EDGE CIR - STE 103  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VP ( ) Delete  
Name: WHITE, ANNE E  
Address: 3359 WOODS EDGE CIR - STE 103  
City-St-Zip: BONITA SPRINGS, FL 34134

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 exemption stated in Chapter 119, 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: ANNE WHITE

COO

03/19/2009

Electronic Signature of Signing Officer or Director

Date