

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90755 039 ***150.00

DOCUMENT # P02000001486					
1. Entity Name CATALYST PHARMACEUTICAL PARTNERS, INC.					
Principal Place of Business 420 SOUTH DIXIE HIGHWAY SUITE 2B CORAL GABLES, FL 33146			Mailing Address 420 SOUTH DIXIE HIGHWAY SUITE 2B CORAL GABLES, FL 33146		
2. Principal Place of Business 420 S. Dixie Hwy #2B		3. Mailing Address 420 S. Dixie Hwy #2B			
City & State Coral Gables, FL		City & State Coral Gables, FL		04062004 Chg-P CR2E034 (10/03)	
Zip 33146		Country USA		4. FEI Number 03-0381445	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. ONE SE 3RD AVENUE 28TH FLOOR MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MCENANY, PATRICK J 420 S DIXIE HWY #2B CORAL GABLES, FL 33134	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	420 S. Dixie Hwy, #2B Coral Gables, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HUCKEL, HUBERT DR 420 S DIXIE HWY #2B CORAL GABLES, FL 33134	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	420 S. Dixie Hwy, #2B Coral Gables, FL 33146
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Patrick J. McEnany</u> 4/7/04 305-529-2522					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					