

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000133144

Entity Name: NEXOS THERAPEUTICALS, INC.

FILED
Apr 12, 2005
Secretary of State

Current Principal Place of Business:

1140 KANE CONCOURSE
FIFTH FLOOR
BAY HARBOR ISLANDS, FL 33154 US

Current Mailing Address:

1140 KANE CONCOURSE
FIFTH FLOOR
BAY HARBOR ISLANDS, FL 33154 US

New Principal Place of Business:

1380 NE MIAMI GARDENS DR
SUITE 250
MIAMI, FL 33179 US

New Mailing Address:

P.O. BOX 450549
SUNRISE, FL 33345 US

FEI Number: 43-1971791

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SILVERS, ROBERT H
1140 KANE CONCOURSE
FIFTH FLOOR
BAY HARBOR ISLANDS, FL 33154 US

Name and Address of New Registered Agent:

GOMER, FREDERICK B
3301 NW 97TH TERRACE
SUNRISE, FL 33351 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: FREDERICK B GOMER

04/12/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RESTREPO, ANA M
Address: 1140 KANE CONCOURSE 5TH FL
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: RESTREPO, ANA M
Address: 1380 NE MIAMI GARDENS DR
City-St-Zip: MIAMI, FL 33179

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: ANA M RESTREPO

D

04/12/2005

Electronic Signature of Signing Officer or Director

Date