2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000057442

Entity Name: PARIX PHARMACEUTICALS, INC.

FILED Feb 05, 2007 Secretary of State

| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
|---|--|--------------------------------|---|--|--|
| 1600 NW MIAMI, FL | | | | | |
| Current Mailing Address: | | | New Mailing Address | New Mailing Address: | |
| 1600 NW MIAMI, FL | | | | | |
| FEI Number | : 20-2716377 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | l Address of (| Current Registered Agent: | Name and Address o | f New Registered Agent: | |
| 301 W HA | WAIG & FERR LLANDALE BE ALE BEACH, I | EACH BLVD | | | |
| | named entity e of Florida. | submits this statement for the | purpose of changing its registered | d office or registered agent, or both, | |
| SIGNATU | RE: | | | | |
| | Electro | nic Signature of Registered Ag | ent | Date | |
| Election Car | mpaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | DPS (AIZPURUA, MI 8007 N.W. 29 MIAMI, FL 331 | STREET | Title: Name: Address: City-St-Zip: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the 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: MIKEL AIZPURUA MGR 02/05/2007