

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19000041881

Entity Name: FAX PHARMA, INC**Current Principal Place of Business:**1331 BRICKELL BAY DRIVE
UNIT CU-2
MIAMI, FL 33131**Current Mailing Address:**1331 BRICKELL BAY DRIVE
UNIT CU-2
MIAMI, FL 33131**FEI Number:** 84-2000739**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MONCADA, FRANCISCO X CEO
1331 BRICKELL BAY DRIVE
UNIT CU-2
MIAMI, FL 33131 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	MONCADA, FRANCISCO X CEO
Address	1331 BRICKELL BAY DRIVE, UNIT CU-2
City-State-Zip:	MIAMI FL 33131

Title	VP
Name	JIMENEZ, ANTONIO J COO
Address	1331 BRICKELL BAY DRIVE, UNIT CU-2
City-State-Zip:	MIAMI FL 33131

Title	S
Name	MONCADA, FRANCISCO X CEO
Address	1331 BRICKELL BAY DRIVE, UNIT CU-2
City-State-Zip:	MIAMI FL 33131

Title	T
Name	MONCADA, FRANCISCO X CEO
Address	1331 BRICKELL BAY DRIVE, UNIT CU-2
City-State-Zip:	MIAMI FL 33131

Title	CFO
Name	BLANDON, MARITZA C
Address	1331 BRICKELL BAY DRIVE UNIT CU-2
City-State-Zip:	MIAMI FL 33131

I hereby 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 all other like empowered.

SIGNATURE: FRANCISCO X. MONCADA

PRESIDENT/CEO

01/26/2021

Electronic Signature of Signing Officer/Director Detail_____
Date