

**2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F19000002045

**Entity Name:** NIVAGEN PHARMACEUTICALS, INC.**Current Principal Place of Business:**3050 FITE CIRCLE SUITE 100  
SACRAMENTO, CA 95827**Current Mailing Address:**3050 FITE CIRCLE SUITE 100  
SACRAMENTO, CA 95827 US**FEI Number:** 27-1447740**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INCorp SERVICES, INC.  
3458 LAKESHORE DRIVE  
TALLAHASSEE, FL 32312 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	PRESIDENT, TREASURER, SECRETARY, DIRECTOR
Name	SHUKLA, JWALANT
Address	3050 FITE CIRCLE SUITE 100
City-State-Zip:	SACRAMENTO CA 95827

Title	DIRECTOR
Name	KULPER, MIKE
Address	3050 FITE CIRCLE SUITE 100
City-State-Zip:	SACRAMENTO CA 95827

Title	DIRECTOR
Name	MATHARU, JASWINDER
Address	3050 FITE CIRCLE SUITE 100
City-State-Zip:	SACRAMENTO CA 95827

Title	DIRECTOR
Name	HART, ROB
Address	3050 FITE CIRCLE SUITE 100
City-State-Zip:	SACRAMENTO CA 95827

*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:** JWALANT SHUKLA**PRESIDENT****05/01/2025**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date