

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000022237



1. Entity Name
KYTO BIOPHARMA, INC.

Principal Place of Business
**3801 PGA BOULEVARD., SUITE 802
PALM BEACH GARDENS, FL 33410**

Mailing Address
**3801 PGA BOULEVARD., SUITE 802
PALM BEACH GARDENS, FL 33410**



06212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1086538

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SINGER, MICHAEL S ESQ.
3801 PGA BOULEVARD., SUITE 802
PALM BEACH GARDENS, FL 33410**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when re-statuting)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BERGER, JEAN-LUC 207 ROBERT HICKS DRIVE TORONTO ONTARIO CANADA, M2R3R3
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BENARROCH, GEORGES 68 RUE SPONTINI PARIS FRANCE 75016,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MACADAM, DONALD 318 GRACE STREET, P.O. BOX 1288 PORT DOVER ONTARIO CANADA, N0A1N0
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000370168
07/05/05-80005-002 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEAN-LUC BERGER **JEAN-LUC BERGER** June 21, 2005
416-955-8349