


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000036464
 1. Entity Name
 G-P RB BUILDING, INC.



Principal Place of Business: 2295 CORPORATE BLVD. SUITE 222 BOCA RATON, FL 33431
 Mailing Address: 2295 CORPORATE BLVD. SUITE 222 BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE



01182006 No Chg-P CR2E034 (11/05)
 4. FEI Number 65-0579462 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 THE HERRICK COMPANY, INC.
 2295 CORPORATE BLVD.
 SUITE 222
 BOCA RATON, FL 33431

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

1100000476391
 04/16/06-80008-002 2063.75

10. OFFICERS AND DIRECTORS

TITLE	VPS
NAME	NORTON HERRICK
STREET ADDRESS	2295 CORPORATE BLVD N.W. STE. 222
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	PAS
NAME	HOWARD HERRICK
STREET ADDRESS	2 RIDGEDALE AVE STE 370
CITY-ST-ZIP	CEDAR KNOLLS, NJ 07927
TITLE	VPAS
NAME	MICHAEL HERRICK
STREET ADDRESS	2 RIDGEDALE AVE STE 370
CITY-ST-ZIP	CEDAR KNOLLS, NJ 07927
TITLE	C
NAME	KERMALLI, NISAR
STREET ADDRESS	2 RIDGEDALE AVE STE 370
CITY-ST-ZIP	CEDAR KNOLLS, NJ 07927
TITLE	DVP
NAME	HERRICK, ELAYNE
STREET ADDRESS	400 SE 5TH AVE PH 1104
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	VP
NAME	HERRICK, EVAN
STREET ADDRESS	2 RIDGEDALE AVE STE 370
CITY-ST-ZIP	CEDAR KNOLLS, NJ 07927

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Nisar Kermalli - Castellano Date: 2/27/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #