


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90054 003 *4,445.00
 04-15-2004 90054 004 *5,080.00

DOCUMENT # P95000036468 1. Entity Name G-P MX, INC.	
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Principal Place of Business 2295 CORPORATE BLVD. SUITE 222 BOCA RATON, FL 33431	Mailing Address 2295 CORPORATE BLVD. SUITE 222 BOCA RATON, FL 33431
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66411912



03102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0579173	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

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

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)(i), 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:  **VPS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____