


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2005 8:00 am**  
**Secretary of State**

03-29-2005 90117 001 \*4,445.00  
 03-29-2005 90117 004 \*\*\*476.25

DOCUMENT # P95000036468

1. Entity Name  
**G-P MX, INC.**



Principal Place of Business      Mailing Address

2295 CORPORATE BLVD.      2295 CORPORATE BLVD.  
 SUITE 222      SUITE 222  
 BOCA RATON, FL 33431      BOCA RATON, FL 33431

**66007844**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

01052005      Chg-P      CR2E034 (10/03)

City & State      City & State

4. FEI Number      Applied For

**65-0579173**      Not Applicable

Zip      Country      Zip      Country

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

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE: VPS       Delete

NAME: NORTON HERRICK

STREET ADDRESS: 2295 CORPORATE BLVD N.W. STE. 222

CITY-ST-ZIP: BOCA RATON, FL 33431

TITLE:       Change       Addition

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

TITLE: PAS       Delete

NAME: HOWARD HERRICK

STREET ADDRESS: 2 RIDGEDALE AVE STE 370

CITY-ST-ZIP: CEDAR KNOLLS, NJ 07927

TITLE:       Change       Addition

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

TITLE: VPAS       Delete

NAME: MICHAEL HERRICK

STREET ADDRESS: 2 RIDGEDALE AVE STE 370

CITY-ST-ZIP: CEDAR KNOLLS, NJ 07927

TITLE:       Change       Addition

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

TITLE: C       Delete

NAME: KERMALLI, NISAR

STREET ADDRESS: 2 RIDGEDALE AVE STE 370

CITY-ST-ZIP: CEDAR KNOLLS, NJ 07927

TITLE:       Change       Addition

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

TITLE: DVP       Delete

NAME: HERRICK, ELAYNE

STREET ADDRESS: 400 SE 5TH AVE PH 1104

CITY-ST-ZIP: BOCA RATON, FL 33432

TITLE:       Change       Addition

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

TITLE:       Delete

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

TITLE: VP       Change       Addition

NAME: **Evan Herrick**

STREET ADDRESS: **2 Ridgedale Ave, Ste. 370**

CITY-ST-ZIP: **Cedar Knolls, NJ 07927**

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: *[Signature]*      Date: *3/22/05*      Daytime Phone # \_\_\_\_\_