


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2005 8:00 am**  
**Secretary of State**

02-10-2005 90061 030 \*\*\*150.00

<b>DOCUMENT # 316186</b> 1. Entity Name <b>GB INSTRUMENTS INC.</b>					
Principal Place of Business <b>1143 W NEWPORT CTR DR DEERFIELD BEACH, FL 33442</b>			Mailing Address <b>1143 W NEWPORT CTR DR DEERFIELD BEACH, FL 33442</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-1166350</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>ROCHMAN, MAURICE PC 1143 W. NEWPORT CENTER DRIVE DEERFIELD BEACH, FL 33442</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSV BALDATTI, SUSANA 10590 NW 18TH COURT PLANTATION, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAVES, G BARRY 5184 DAVANTRY DR DUNWOODY, GA <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC ROCHMAN, MAURICE 9561 NW 13TH ST. PLANTATION, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIENER, LAWRENCE 3939 HOLLYWOOD BLVD SUITE 1A HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEA, RICHARD F 403 SE 1ST STREET DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEA, RICHARD F 238 NE 1ST AVENUE DELRAY BEACH, FL 33444 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WOLKENFELD, MARK 17635 NE 8TH CT N MIAMI BEACH, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Susana Baldatti, TSV</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			02/02/2005 954-596-5000 Date Daytime Phone #		

**50013571**



02072005 Chg-P CR2E034 (10/03)

2/7/2005

Florida Department of State  
Division of Corporation  
2005 Uniform Business Report (UBR)

ATTACHMENT

50013571

Document #316186  
G B Instruments, Inc


Continuation of Block 11 CHANGE/ ADD director

Change: address

Title: DIRECTOR  
Name: DAVID F. LEVY  
Street Address: 333 SOUTH MAYA PALM DRIVE  
City, St, ZP: BOCA RATON, FL 33432

ADD DIRECTOR:

Title: DIRECTOR  
Name: GERALD KERENSKY  
Street Address: 1020 W. NEWPORT CENTER DRIVE  
City, St, ZP: DEERFIELD BEACH, FL 33442

  
SIGNATURE, TITLE

02/07/2005  
DATE

SUSANA BALDATTI  
PRINT NAME