


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # 440791	
1. Entity Name G. P. MANAGEMENT, INC.	

Principal Place of Business 8325 S.W. 56 STREET P.O. BOX 557157 MIAMI FL 33155	Mailing Address 8325 S.W. 56 STREET P.O. BOX 557157 MIAMI FL 33155
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent PRINZ (EUGENE A.) 8325 S.W. 56TH STREET MIAMI FL 33155	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	PS <input type="checkbox"/> Delete
NAME	PRINZ, EUGENE A
STREET ADDRESS	8325 S.W. 56TH STREET
CITY - ST - ZIP	MIAMI FL 33155
TITLE	ST <input type="checkbox"/> Delete
NAME	PRINZ, ELAINE K
STREET ADDRESS	8325 SW 56TH ST
CITY - ST - ZIP	MIAMI FL 33155
TITLE	V <input type="checkbox"/> Delete
NAME	PRINZ, ROBERT E
STREET ADDRESS	5360 SW 82ND AVE
CITY - ST - ZIP	MIAMI FL 33155
TITLE	V <input type="checkbox"/> Delete
NAME	PRINZ, DOUGLAS J
STREET ADDRESS	9815 SW 82ND AVE
CITY - ST - ZIP	MIAMI FL 33173
TITLE	V <input type="checkbox"/> Delete
NAME	PRINZ, GREGORY S
STREET ADDRESS	17501 SW 93RD AVE
CITY - ST - ZIP	MIAMI FL 33157
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/20/05-80063-006 150.00

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: Elaine K. Prinz **ELAINE K. PRINZ ST** **4-20-05** **305-279-0909**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #