


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 24, 2006 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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01312006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1522738	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  PRINZ (EUGENE A.) 8325 S.W. 56TH STREET MIAMI, FL 33155
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS PRINZ, EUGENE A 8325 S.W. 56TH STREET MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PRINZ, ELAINE K 8325 SW 56TH ST MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PRINZ, ROBERT E 5360 SW 82ND AVE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PRINZ, DOUGLAS J 9815 SW 82ND AVE MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PRINZ, GREGORY S 17501 SW 93RD AVE MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000523853  
05/05/06-80098-010 150.00

**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: ELAINE K. PRINZ Elaine K. Prinz S/T 4-19-06 305-596-9148  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #