2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State
04-25-2007 90169 012 ***150.00

DOCUMENT # 440791

1. Entity Name
G. P. MANAGEMENT, INC.

Principal Place of Business	Mailing Address
8325 S.W. 56 STREET P.O. BOX 557157 MIAMI, FL 33155	8325 S.W. 56 STREET P.O. BOX 557157 MIAMI, FL 33155

DO NOT WRITE IN THIS SPACE

01042007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1522738

Applied For ☐
Not Applicable ☐

5. Certificate of Status Desired ☐ **$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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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 title if applicable — Registered Agent's signature required for filing — DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

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

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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 4-20-07 305-596-4149
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime telephone number