

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 11, 2008 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**



02292008 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 ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**PRINZ (EUGENE A.)  
8325 S.W. 56TH STREET  
MIAMI, FL 33155**

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 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

000000991348  
04/23/08-80022-006 150.00

**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/H 4-10-08 305-596-4148**