


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F01000000885**

1. Entity Name  
**GFI MANAGEMENT SERVICES, INC.**



Principal Place of Business <b>50 BROADWAY 4TH FLOOR NEW YORK, NY 10004</b>	Mailing Address <b>50 BROADWAY 4TH FLOOR NEW YORK, NY 10004</b>
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**DO NOT WRITE IN THIS SPACE**



03242006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>13-3697176</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

8. Name and Address of Current Registered Agent

**JOSEPH, JERRY  
100 GOLDEN ISLES DRIVE  
SUITE 1204  
HALLANDALE, FL 33009**

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IN THIS SPACE**

9. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

**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	<b>P GROSS, ALLEN 50 BROADWAY, 4TH FLOOR NEW YORK, NY 10004</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COO ARNOW, DAVID 50 BROADWAY, 4TH FLOOR NEW YORK, NY 10004</b>
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05/05/06-80038-023 150.00

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:** \_\_\_\_\_ **4/17/06 212-668-1444**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #