2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000064409

Entity Name
 G-P SWB LR, INC.



Principal Place of Business

Mailing Address

2295 CORPORATE BLVD, NW, STE 222 BOCA RATON, FL 33431

2295 CORPORATE BLVD, NW, STE 222 BOCA RATON, FL 33431

FILED Mar 19, 2008 08:00 A Secretary of State



02132008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-1118074

Applied For Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERRICK, NORTON C/O THE HERRICK COMPANY, INC 2295 CORPORATE BLVD, NW STE 222 BOCA RATON, FL 33431

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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.

(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 000000864081 04/03/08-80116-022 158.75

10.	OFFICERS AND DIRECTORS	
TITLE	VPS	
NAME	HERRICK, NORTON	1
STREET ADDRESS	2295 CORPORATE BLVD NW, STE 222	1
CITY-ST-ZIP	BOCA RATON, FL 33431	ı
TITLE	DPAS	
NAME	HERRICK, HOWARD	ı
STREET ADDRESS	2 RIDGEDALE AVE, STE370	ı
CITY-ST-ZIP	CEDAR KNOLLS, NJ 07927	ı
TITLE	DVAS	
NAME	HERRICK, MICHAEL	ı
STREET ADDRESS	2 RIDGEDALE, AVE. STE 370	ı
CITY-ST-ZIP	CEDAR KNOLLS, NJ 07927	
TITLE	С	1
NAME	KERMALLI, NISAR	ł
STREET ADDRESS	2 RIDGEDALE AVE, STE 370	ı
CITY-ST-ZIP	CEDAR KNOLLS, NJ 07927	ı
TITLE	D	1
NAME	HERRICK, EVAN	ı
STREET ADDRESS	2 RIDGEDALE AVE #370	ı
CITY-ST-ZIP	CEDAR KNOLLS, NJ 07927	ı
TITLE		1
NAME		1
STREET ADDRESS		1
CITY-ST-ZIP		1
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12. I hereby certify that the information supplied with this filling 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 tike empowered.

SIGNATURE:

STORE AND THEE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

m 3/10

Daytime Phone ≢