

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90156 049 ***150.00

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1. Entity Name
GMAB, INC.



Principal Place of Business

1000 CORPORATE DRIVE
SUITE 110 340
FORT LAUDERDALE, FL 33334

Mailing Address

1000 CORPORATE DRIVE
SUITE 110 340
FORT LAUDERDALE, FL 33334

50009276



03242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1159614

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RASSLER, C. SCOTT
1000 CORPORATE DRIVE
SUITE 110 340
FORT LAUDERDALE, FL 33334

**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

C. Scott Ressler
Registered Agent

3-31-06

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 PD
NAME RASSLER, MICHAEL S
STREET ADDRESS 3284 JULIAN AVE. 11745 Peterwell Rd.
CITY-ST-ZIP LONG BEACH, CA 90808 San Diego, CA 92131

TITLE VD
NAME RASSLER, H. STANLEY
STREET ADDRESS 17278 BRIDLEWAY TRAIL
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE STD
NAME RASSLER, C. SCOTT
STREET ADDRESS 1000 CORPORTAE DRIVE SUITE 110 340
CITY-ST-ZIP FT. LAUDERDALE, FL 33334

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

C. Scott Ressler, Sec/Treas 3-31-06 954-689-9442