


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90051 042 \*\*\*150.00

<b>DOCUMENT # P05000163392</b> 1. Entity Name <b>GBG INVESTMENT PROPERTIES, INC.</b>			
Principal Place of Business <b>9122 GRIFFIN RD</b> <b>COOPER CITY, FL 33328 US</b>		Mailing Address <b>9122 GRIFFIN RD</b> <b>COOPER CITY, FL 33328 US</b>	
2. Principal Place of Business - No P.O. Box # <b>3435 Belmont Terr</b> Suite, Apt. #, etc.		3. Mailing Address <b>3435 Belmont Terr</b> Suite, Apt. #, etc.	
City & State <b>Davie FL</b> Zip <b>33328</b> Country		City & State <b>Davie FL</b> Zip <b>33328</b> Country	
4. FEI Number <b>20-3940541</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SCHAFLER, BRIAN</b> <del><b>9122 GRIFFIN RD</b></del> <b>COOPER CITY, FL 33328</b>		7. Name and Address of New Registered Agent Name <b>Brian Schafler</b> Street Address (P.O. Box Number is Not Acceptable) <b>5387 SW 120th Ave</b> City <b>Cooper City</b> <b>FL</b> Zip Code <b>33328</b>	
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 <u><i>Brian Schafler</i></u> DATE <u><b>1-24-07</b></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>TROTTA, BRIAN</b> <b>3435 BELMONT TERR.</b> <b>DAVIE, FL 33328</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>SCHAFLER, BRIAN</b> <b>5387 SW 120TH AVE</b> <b>COOPER CITY, FL 33330</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SEC</b> <b>BRANDWEIN, GARY</b> <b>21218 ST. ANDREWS BLVD #238</b> <b>BOCA RATON, FL 33433</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
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: <u><i>Brian Schafler</i></u>		DATE: <u><b>1-24-07</b></u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

40011185



01232007 Chg-P CR2E034 (12/06)