## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT # P93000084142

1. Entity Name G-P PHOENIXWEST, INC.



Principal Place of Business

2295 CORPORATE BLVD NW

STE 222 BOCA RATON, FL 33431-7330 US Mailing Address

2295 CORPORATE BLVD NW

STE 222

DO NOT WRITE IN THIS SPACE

BOCA RATON, FL 33431-7330 US

### FILED Mar 29, 2005 8:00 am Secretary of State

03-29-2005 90117 002 \*3,333.75 03-29-2005 90117 004 \*\*\*476.25

#### 66007860



01062005

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0453337

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

#### 6. Name and Address of Current Registered Agent

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

# DO NOT WRITE IN THIS SPACE

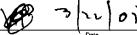
	named entity submits this statement for the pions of registered agent.	urpose of changing its registered c	office or registered	agent, or both, in the State of Florida	. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered Age	ent signature required who	en reinstating)	einstating) DATE	
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Fina Trust Fund Contribution				May Be to Fees		
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST HERRICK, NORTON 2295 CORPORATE BLVD NW, #222 BOCA RATON, FL 33431				•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPAS HERRICK, HOWARD 2 RIDGEDALE AVE STE 370 CEDAR KNOLLS, NJ 07927					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAS HERRICK, MICHAEL 2 RIDGEDALE AVE STE 370 CEDAR KNOLLS, NJ 07927			DO NOT WR	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRICK, EVAN 2 RIDGEDALE AVE STE 370 CEDAR KNOLLS, NJ 07927			IN THIS SPA	<b>ICE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KERMALLI, NISAR 2 RIDGEDALE AVE SUITE 370 CEDAR KNOLLS, NJ 07927					
TITLE						

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 attact figure to the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of 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 attact figure to the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of 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

**SIGNATURE:** 

NAME STREET ADDRESS CITY-ST-ZIP

STATUTE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Daytime Phone #