

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000036468

1. Entity Name
G-P MX, INC.



Principal Place of Business
2295 CORPORATE BLVD.
SUITE 222
BOCA RATON, FL 33431

Mailing Address
2295 CORPORATE BLVD.
SUITE 222
BOCA RATON, FL 33431



01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0579173

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

THE HERRICK COMPANY, INC.
2295 CORPORATE BLVD.
SUITE 222
BOCA RATON, FL 33431

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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

**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

1100000476375
04/06/06-80008-001 2222.50

10. OFFICERS AND DIRECTORS

TITLE VPS
NAME NORTON HERRICK
STREET ADDRESS 2295 CORPORATE BLVD N.W. STE. 222
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE PAS
NAME HOWARD HERRICK
STREET ADDRESS 2 RIDGEDALE AVE STE 370
CITY-ST-ZIP CEDAR KNOLLS, NJ 07927

TITLE VPAS
NAME MICHAEL HERRICK
STREET ADDRESS 2 RIDGEDALE AVE STE 370
CITY-ST-ZIP CEDAR KNOLLS, NJ 07927

TITLE C
NAME KERMAI, NISAR
STREET ADDRESS 2 RIDGEDALE AVE STE 370
CITY-ST-ZIP CEDAR KNOLLS, NJ 07927

TITLE DVP
NAME HERRICK, ELAYNE
STREET ADDRESS 400 SE 5TH AVE PH 1104
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE VP
NAME HERRICK, EVAN
STREET ADDRESS 2 RIDGEDALE AVE STE 370
CITY-ST-ZIP CEDAR KNOLLS, NJ 07927

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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 #