

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90054 003 *4,445.00
04-15-2004 90054 004 *5,080.00

DOCUMENT # P96000094946

1. Entity Name
G-P KCRI, INC.



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

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

66411911



03102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0709086

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. N.W.
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 registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 attachment with an address, with all other officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #