



FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000011546		Secretary of State	
1. Entity Name PB GP, INC.			
Principal Place of Business 580 VILLAGE BLVD. SUITE 300 WEST PALM BEACH, FL 33409-1953 US		Mailing Address 580 VILLAGE BLVD. SUITE 300 WEST PALM BEACH, FL 33409-1953 US	
DO NOT WRITE IN THIS SPACE			
		04242006 No Chg-P CRZE034 (11/05)	
DO NOT WRITE IN THIS SPACE		4. FEI Number 65-0826851	
		Applied For Not Applicable	
DO NOT WRITE IN THIS SPACE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
DENHOLTZ, STEWART 580 VILLAGE BLVD. SUITE 300 WEST PALM BEACH, FL 33409-1953		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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D DENHOLTZ, STEVEN J 1600 ST GEORGES AVENUE RAHWAY, NJ 07055	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D DENHOLTZ, STEWART 580 VILLAGE BLVD., SUITE 300 WEST PALM BEACH, FL 334091953	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D ZARO, JEROLD 615 HOPE ROAD, CN ONE EATONTOWN, NJ 07724	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D PELED, HILLEL 505 PARK AVENUE 19TH FLOOR NEW YORK, NY 10022	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D FARRUCHI, MARK 1209 ORANGE ST. BLOOMINGDALE, DE 19801	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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:  S. DENHOLTZ 3/24/06 \$81,243.01/00			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			