


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000011546

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
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04112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0826851	Applied For Not Applicable
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

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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 reconstituting)
Signature, typed or printed name of registered agent and title if applicable DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	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	

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 05/18/07-80074-007 150.00

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: Stewart Denholtz 4/30/07 561-242-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #