

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90101 033 ***150.00

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



02152008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0826851

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

[Signature]

STEWART DENHOLTZ

V President

4/8/08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DENHOLTZ, STEVEN J
STREET ADDRESS	1600 ST GEORGES AVENUE
CITY-ST-ZIP	RAHWAY, NJ 07055
TITLE	D
NAME	DENHOLTZ, STEWART
STREET ADDRESS	580 VILLAGE BLVD., SUITE 300
CITY-ST-ZIP	WEST PALM BEACH, FL 334091953
TITLE	D
NAME	ZARO, JEROLD
STREET ADDRESS	615 HOPE ROAD, CN ONE
CITY-ST-ZIP	EATONTOWN, NJ 07724
TITLE	D
NAME	PELED, HILLEL
STREET ADDRESS	505 PARK AVENUE 19TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	D
NAME	FARRUCHI, MARK
STREET ADDRESS	1209 ORANGE ST.
CITY-ST-ZIP	BLOOMINGDALE, DE 19801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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 #

[Signature]

S. DENHOLTZ

4/8/08

761.242.0100