



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000033595 1. Entity Name G & E MANAGEMENT ASSOCIATES, INC.	
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Principal Place of Business ONE BOCA PLACE, STE. 411-E, 2255 GLADES RD. BOCA RATON, FL 33431	Mailing Address ONE BOCA PLACE, STE. 411-E, 2255 GLADES RD. BOCA RATON, FL 33431
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DO NOT WRITE IN THIS SPACE

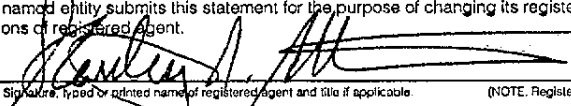


01032005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0827916	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 GOTTSEGEN, STANLEY D ESQUIRE ONE BOCA PLACE, STE. 411-E, 2255 GLADES RD. BOCA RATON, FL 33431	DO NOT WRITE IN THIS SPACE
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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  DATE 3/14/05

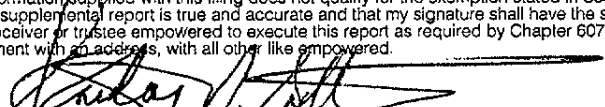
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000272178 03/21/05 00002 000 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EHRENSTEIN, GABRIEL ONE BOCA PLACE, STE. 411-E, 2255 GLADES RD. BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOTTSEGEN, EILEEN R ONE BOCA PLACE, STE. 411-E, 2255 GLADES RD. BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SAEX, LORRAINE M ONE BOCA PLACE, STE. 411-E, 2255 GLADES RD. BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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DO NOT WRITE 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 like empowered.

SIGNATURE:  DATE 3/14/05 DAYTIME PHONE # 561/994-2212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR