

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

2007 MAR 19 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01092007 No Chg-P CR2E034 (11/05)

DOCUMENT # P98000042175

1. Entity Name

G-P NH6 GROUP V, INC.



Principal Place of Business

2295 CORPORATE BOULEVARD, N.W.
SUITE 222
BOCA RATON, FL 33431

Mailing Address

2295 CORPORATE BOULEVARD, N.W.
SUITE 222
BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0833784

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

HERRICK, NORTON
C/O THE HERRICK COMPANY, INC.
2295 CORP. BLVD., N.W., SUITE 222
BOCA RATON, FL 33431

**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

**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 VPS
NAME HERRICK, NORTON
STREET ADDRESS 2295 CORP. BLVD., N.W., SUITE 222
CITY-ST-ZIP BOCA RATON, FL 334310810

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

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

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

TITLE VPD
NAME HERRICK, ELAYNE
STREET ADDRESS 400 SE 5TH AVE PH1104
CITY-ST-ZIP BOCA RATON, FL 33432

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

300094863303
03/27/07--01033--028 **2540.00

**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

Controller 2/16/07

Date

Daytime Phone #

3/20 aw