## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # P99000088866

1. Entity Name G-P TOWERS REALTY LR. INC.

FILED Mar 22, 2006 08:00 A **Secretary of State** 

Principal Place of Business

BOCA RATON, FL 33431-0181

2295 CORPORATE BLVD., NW. SUITE 222

Mailing Address

2295 CORPORATE BLVD., NW. SUITE 222

BOCA RATON, FL 33431-0181



DO NOT WRITE IN THIS SPACE

01182006

CR2E034 (11/05)

4. FEI Number 65-0957378

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERRICK, NORTON 2295 CORPORATE BLVD., NW, SUITE 222 BOCA RATON, FL 33431-0181

## DO NOT WRITE IN THIS SPACE

No Cha-P

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 site if applicable (NOTE Registered Agent agnature required when reinstating) *U00000476431* 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees 04/06/06-80010-001 2540.00 After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE **VPS** NAME HERRICK, NORTON 2295 CORPORATE BLVD., NW, SUITE 222 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 334310181 DVAS TITLE NAME HERRICK, MICHAEL STREET ADDRESS 2 RIDGEDALE AVE STE 370 CITY-ST-ZIP CEDAR KNOLLS, NJ 07927 DPAS TITLE HERRICK, HOWARD NAME STREET ADDRESS 2 RIDGEDALE AVE STE 370 DO NOT WRITE CITY-ST-ZIP CEDAR KNOLLS, NJ 07927 IN THIS SPACE TITLE NISAR, KERMALLI NAME STREET ADDRESS 2 RIDGEDALE AVE STE 370 CITY-ST-ZIP CEDAR KNOLLS, NJ 07927 TITLE HERRICK, EVAN STREET ADDRESS 2 RIDGEDALE AVE, #370 CEDAR KNOLLS, NJ 07927 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 attact them with an address, with all other fixe empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-782

Davime Phone \*