

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 23, 2004 8:00 am**  
**Secretary of State**

03-23-2004 90014 036 \*\*\*150.00

DOCUMENT # S33385  
1. Entity Name  
SHIRLEY GP, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>2605 NW 63RD ST</u> Suite, Apt. #, etc.	3. Mailing Address <u>2605 NW 63RD ST</u> Suite, Apt. #, etc.
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**24027865**

DO NOT WRITE IN THIS SPACE

City & State <u>BOCA RATON, FL</u> Zip <u>33496</u>	Country <u>USA</u>	City & State <u>BOCA RATON, FL</u> Zip <u>33496</u>	Country <u>USA</u>	4. FEI Number <u>59-3051876</u>	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

<b>DO NOT WRITE IN THIS SPACE</b>	Name <u>JULES PEARLSTINE ESQUIRE</u>
	Street Address (P.O. Box Number is Not Acceptable) <u>2605 NW 63RD ST</u>
	<u>Suite 301 - WEST BLDG</u>
	City <u>BOCA RATON</u> FL Zip Code <u>33496</u>

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

<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State</p>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
<u>GOODMAN, BRUCE</u> <u>636 OLD YORK ROAD</u> <u>JENKINTOWN, PA 19046</u>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Bruce N. Goodman      Date 3/12/04      Daytime Phone # 215 885 8383  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)