


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90550 006 ***150.00

DOCUMENT # 130871 1. Entity Name JOSEPH GINSBERG PROPERTIES, INCORPORATED					
Principal Place of Business 1444 N ATLANTIC AVE DAYTONA BCH, FL 32118-3502			Mailing Address 1444 NORTH ATLANTIC AVE DAYTONA BEACH, FL 32118 US		
2. Principal Place of Business 1712 John Anderson Dr Suite, Apt. #, etc.		3. Mailing Address 1712 John Anderson Dr Suite, Apt. #, etc.			
City & State OMROND BEACH FL Zip 32176 Country USA		City & State ORMOND BEACH FL Zip 32176 Country USA		4. FEI Number 59-0520907	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GINSBERG, JOSEPH 1444 N ATLANTIC AVE DAYTONA BEACH, FL 32018			7. Name and Address of New Registered Agent Name ROBERT GINSBERG Street Address (P.O. Box Number is Not Acceptable) 1712 JOHN ANDERSON DRIVE City ORMOND BEACH FL Zip Code 32176		
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 <u><i>Robert Ginsberg</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/28/05</u>					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GINSBERG, JOSEPH 1444 N. ATLANTIC AVE DAYTONA BEACH, FL <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GINSBERG, ROBERT 1712 JOHN ANDERSON HWY ORMOND BEACH, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D/S ROBERT GINSBERG 1712 JOHN ANDERSON DRIVE ORMOND BEACH FL 32176 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GINSBERG, ROBERT 1444 N. ATLANTIC AVE DAYTONA BEACH, FL <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUT, BETTY 920 FOREST AVE RYE, NY <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BETTY HUT 920 FOREST AVE RYE NY 10580 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 <u><i>Robert Ginsberg</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			ROBERT GINSBERG <u>4/28/05</u> (386) 441-0092 Date Daytime Phone #		

4/28/05:JFW:RRH:MF