2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# 848130

Entity Name: GINA REALTY INC.

Current Principal Place of Business:

115 STEVENS AVENUE
VALHALLA, NY 10595

New Principal Place of Business:

Current Mailing Address:

115 STEVENS AVENUE
VALHALLA, NY 10595

New Mailing Address:

FEI Number: 13-2522744 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CAPPELLI, LUCA, JR.,
Address: 26 DANBY PLACE
City-St-Zip: YONKERS, NY 10710 US

Title: VD ( ) Delete
Name: CAPPELLI, LOUIS R,
Address: 515 PARK AVE
City-St-Zip: NEW YORK, NY 10022 US

Title: SD ( ) Delete
Name: CAPPELLI, CONCETTA,
Address: 26 DANBY PLACE
City-St-Zip: YONKERS, NY 10710 US

Title: VD ( ) Delete
Name: CAPPELLI, GINA
Address: 15 SYLVIA AVENUE
City-St-Zip: ARDSLEY, NY 10502 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUCA CAPPELLI PD 01/13/2009

Electronic Signature of Signing Officer or Director — Date