

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 848130

Entity Name: GINA REALTY INC.

**FILED**  
**Jan 03, 2011**  
**Secretary of State**

**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

**OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: LUCA CAPPELLI

PD

01/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date