## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 26, 2007 8:00 am Secretary of State

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1. Entity Name

JOSEPH PEPPIE REALTY CORP.



40084787 Principal Place of Business Mailing Address (20 WEST 23RD STREET 111 GREAT NECK ROAD NEW YORK, NY 10011 308 GREAT NECK, NY 11021 2. Principal Place of Business - No P.O. Box # 120 West 23rd Street 3. Mailing Address C/O Murray Frank <u>111 Great Neck Rd.</u> Suite, Apt. #, etc. 308 Suite, Apt. #, etc. 01162007 Chg-P CR2E034 (12/06) City & State New York, City & State 4 FEL Number Applied For Great Neck, NY 13-3202323 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 10011 11021 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent-Name UNITED CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 9200 SOUTH DADELAND BLVD., SUITE 508 MIAMI, FL 30084 City Zip Code 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PCD TITLE ☐ Delete TITI F Change ■ Addition MINEROF, ARTHUR NAME 1.20 W. 23RD STREET STREET ADDRESS STREET ADDRESS 120 West 23rd Street CITY-ST-ZIP NEW YORK, NY 10011 CITY-ST-ZIP SD Delete ☐ Change ☐ Addition GENCO, LAWRENCE NAME NAME STREET ADDRESS 120 W. 23RD STREET STREET ADDRESS 120 West 23rd Street CITY-ST-ZIP NEW YORK, NY 10011 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby certify that the information supplied with this filing 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 attackment with by address, with all other like engowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-S1-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

GNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

4/23/07

2 (2) 807-7644 Davime Phone #

☐ Change

Addition