

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-26-2007 90235 038 ***150.00

DOCUMENT # F05000006079



1. Entity Name
 ✓ JOSEPH PEPPIE REALTY CORP.

Principal Place of Business: 120 WEST 23RD STREET, NEW YORK, NY 10011
 Mailing Address: 111 GREAT NECK ROAD, 308, GREAT NECK, NY 11021

40084787

2. Principal Place of Business - No P.O. Box #: 120 West 23rd Street
 3. Mailing Address: c/o Murray Frank, 111 Great Neck Rd., 308



01162007 Chg-P CR2E034 (12/06)

City & State: New York, NY
 City & State: Great Neck, NY
 Zip: 10011, Country: [blank]
 Zip: 11021, Country: [blank]

4. FEI Number: 13-3202323
 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: UNITED CORPORATE SERVICES, INC., 9200 SOUTH DADELAND BLVD., SUITE 508, MIAMI, FL 30084
 7. Name and Address of New Registered Agent: [blank]

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PCD NAME: MINEROF, ARTHUR STREET ADDRESS: 120 W. 23RD STREET CITY-ST-ZIP: NEW YORK, NY 10011	<input type="checkbox"/> Delete	TITLE: [blank] NAME: [blank] STREET ADDRESS: 120 West 23rd Street CITY-ST-ZIP: [blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: GENCO, LAWRENCE STREET ADDRESS: 120 W. 23RD STREET CITY-ST-ZIP: NEW YORK, NY 10011	<input type="checkbox"/> Delete	TITLE: [blank] NAME: [blank] STREET ADDRESS: 120 West 23rd Street CITY-ST-ZIP: [blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [blank] NAME: [blank] STREET ADDRESS: [blank] CITY-ST-ZIP: [blank]	<input type="checkbox"/> Delete	TITLE: [blank] NAME: [blank] STREET ADDRESS: [blank] CITY-ST-ZIP: [blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [blank] NAME: [blank] STREET ADDRESS: [blank] CITY-ST-ZIP: [blank]	<input type="checkbox"/> Delete	TITLE: [blank] NAME: [blank] STREET ADDRESS: [blank] CITY-ST-ZIP: [blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [blank] NAME: [blank] STREET ADDRESS: [blank] CITY-ST-ZIP: [blank]	<input type="checkbox"/> Delete	TITLE: [blank] NAME: [blank] STREET ADDRESS: [blank] CITY-ST-ZIP: [blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby 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 attachment with an address, with all other like empowered.

SIGNATURE: *Arthur Minerof* - Arthur Minerof 4/23/07 (212) 877-7644
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #