2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000094655

1. Entity Name
ST. JOSEPH PROPERTIES, INC.

Principal Place of Business
6953 N.W 19TH ST.
MARGATE, FL 33063

Mailing Address
6953 N.W 19TH ST.
MARGATE, FL 33063

02142005 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-0658237
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KUNCHANDY, GEORGE
6953 NW. 19TH ST.
MARGATE, FL 33063

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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 George Kunchandy President. 2/15/05
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	KUNCHANDY, GEORGE
STREET ADDRESS	6953 NW 19TH ST
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	D
NAME	KOCHUPURACKAL, THOMSON
STREET ADDRESS	764 MAGIE AVE
CITY-ST-ZIP	ELIZABETH, NJ 07208
TITLE	D
NAME	KOCHUPURACKAL, BINDY T
STREET ADDRESS	444 VERONA AVE
CITY-ST-ZIP	ELIZABETH, NJ 07208
TITLE	D
NAME	EAPAN, JOHNSON K
STREET ADDRESS	887 FLORAL AVE
CITY-ST-ZIP	UNION, NJ 07083
TITLE	D
NAME	THOMSON, SHIBU DR
STREET ADDRESS	5990 RICHMOND HWY APT 403
CITY-ST-ZIP	ALEXANDRIA, VA 22303
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/18/05-80022-017 155.00

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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: George Kunchandy (GEORGE KUNCHANDY) 2/15/05 (954) 979-2640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #