

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2006 8:00 am**  
**Secretary of State**

04-04-2006 90043 047 \*\*\*150.00

**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

**DO NOT WRITE IN THIS SPACE**



01192006 No Chg-P CR2E034 (11/05)

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

**DO NOT WRITE  
IN THIS SPACE**

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*

*3/19/06*

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, 2006 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	KUNCHANDY, GEORGE
STREET ADDRESS	764 MACIE AVE
CITY-ST-ZIP	ELIZABETH, NJ 07208
TITLE	D
NAME	KUNCHANDY, GEORGE
STREET ADDRESS	444 VERONA AVE
CITY-ST-ZIP	ELIZABETH, NJ 07208
TITLE	D
NAME	KUNCHANDY, GEORGE
STREET ADDRESS	887 FLORAL AVE
CITY-ST-ZIP	UNION, NJ 07083
TITLE	D
NAME	KUNCHANDY, GEORGE
STREET ADDRESS	THOMSON SHIBL DR
CITY-ST-ZIP	ALEXANDRIA, VA 22303
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

*George Kunchandy*

*President*

*3/19/06 (954) 979-2640*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #