

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000092063

FILED
Apr 27, 2005
Secretary of State

Entity Name: GINSEND PROPERTY MANAGEMENT, INC.

Current Principal Place of Business:

12945 NEVADA STREET
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

12945 NEVADA STREET
MIAMI, FL 33156

New Mailing Address:

FEI Number: 65-0711257

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DADESKY, CLIVE L
12945 NEVADA ST
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

D'ADESKY, CLIVE L
8190 SW 175 ST.
MIAMI, FL 33157 US

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: CLIVE D'ADESKY

04/27/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: D'ADESKY, GINETTE
Address: 12945 NEVADA STREET
City-St-Zip: MIAMI, FL 33156

Title: V () Delete
Name: D'ADESKY, CLIVE L
Address: 12945 NEVADA STREET
City-St-Zip: MIAMI, FL 33156

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: D'ADESKY, GINETTE MRS
Address: 12945 NEVADA STREET
City-St-Zip: MIAMI, FL 33156 US

Title: VP (X) Change () Addition
Name: D'ADESKY, CLIVE L MR
Address: 8190 SW 175 ST
City-St-Zip: MIAMI, FL 33157 US

Title: SEC () Change (X) Addition
Name: GARCIA, MONIKA G MRS
Address: 8111 SW 175 ST
City-St-Zip: MIAMI, FL 33157 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CLIVE D'ADESKY

VP

04/27/2005

Electronic Signature of Signing Officer or Director

Date