

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002568

Entity Name: W.A.F. GROUP, INC.

FILED  
Mar 31, 2009  
Secretary of State

## Current Principal Place of Business:

30-10 REVIEW AVENUE  
LONG ISLAND CITY, NY 10019

## New Principal Place of Business:

## Current Mailing Address:

30-10 REVIEW AVENUE  
LONG ISLAND CITY, NY 10019

## New Mailing Address:

FEI Number: 13-3883342

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: MEELIA, RICHARD J  
Address: 30-10 REVIEW AVENUE  
City-St-Zip: LONG ISLAND CITY, NY 10019

Title: SVPD ( ) Delete  
Name: KAPPLES, JOHN W  
Address: 30-10 REVIEW AVENUE  
City-St-Zip: LONG ISLAND CITY, NY 10019

Title: TVPD ( ) Delete  
Name: DASILVA, KEVIN G  
Address: 30-10 REVIEW AVENUE  
City-St-Zip: LONG ISLAND CITY, NY 10019

Title: DVP ( ) Delete  
Name: NICOLELLA, JOHN S JR  
Address: 30-10 REVIEW AVENUE  
City-St-Zip: LONG ISLAND CITY, NY 10019

Title: VP ( ) Delete  
Name: BROWN, RICHARD G  
Address: 30-10 REVIEW AVENUE  
City-St-Zip: LONG ISLAND CITY, NY 10019

Title: VP ( ) Delete  
Name: DOCKENDORFF, CHARLES  
Address: 30-10 REVIEW AVENUE  
City-St-Zip: LONG ISLAND CITY, NY 10019

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DIR (X) Change ( ) Addition  
Name: NICOLELLA, MATTHEW J  
Address: 30-10 REVIEW AVENUE  
City-St-Zip: LONG ISLAND CITY, NY 10019

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: DOCKENDORFF, CHARLES J  
Address: 30-10 REVIEW AVENUE  
City-St-Zip: LONG ISLAND CITY, NY 10019

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JANE LOUIS

POA

03/31/2009

Electronic Signature of Signing Officer or Director

Date