

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2005 8:00 am
Secretary of State

08-24-2005 90056 003 ***550.00

DOCUMENT # F01000004972

1. Entity Name
CONTRACT SPECIALTIES GROUP LTD., INC.



Principal Place of Business
**755 WAVERLY AVE., STE 305
HOLTSVILLE, NY 11742**

Mailing Address
**755 WAVERLY AVE., STE 305
HOLTSVILLE, NY 11742**

50063198



2. Principal Place of Business

755 Waverly Ave
Suite, Apt. #, etc.
Suite 300

City & State
Holtsville NY

Zip
11742 Country
USA

3. Mailing Address

755 Waverly Ave
Suite, Apt. #, etc.
Suite 300

City & State
Holtsville NY

Zip
11742 Country
USA

07112005 Chg-P CR2E034 (10/03)

4. FEI Number
11-3105864

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DEFINI, DANIEL
951 SPANISH CAY DRIVE
MERRITT ISLAND, FL 32952**

7. Name and Address of New Registered Agent

Name
Daniel Defini
Street Address (P.O. Box Number is Not Acceptable)
2570 Winchester Dr
City
Titusville FL Zip Code
32780

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 **Dan Defini**

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
DEFINI, DANIEL
10 DAIRY LANE
MOUNT SINAI, NY** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
Daniel Defini
755 Waverly Ave Ste 300
Holtsville, NY 11742** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

Dan Defini

Date

7/11/05

Daytime Phone #

63475700