

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F02000005993**

1. Entity Name

JOSEPH ELETTO TRANSFER, INC.



Principal Place of Business

445 NORTHERN BOULEVARD  
GREAT NECK NY 11021-4804

Mailing Address

445 NORTHERN BOULEVARD  
GREAT NECK NY 11021-4804

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

11-1989664

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TREHERN, LISA  
550 NW 108TH AVENUE  
PEMBROKE PINES FL

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

33025

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

Signature, typed or printed name of registered agent and (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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ELETTO, JOHN	
STREET ADDRESS	445 NORTHERN BOULEVARD	
CITY - ST - ZIP	GREAT NECK NY 11021-4804	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ELETTO, ROBERT	
STREET ADDRESS	445 NORTHERN BOULEVARD	
CITY - ST - ZIP	GREAT NECK NY 11021-4804	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ELETTO, JOSEPH	
STREET ADDRESS	445 NORTHERN BOULEVARD	
CITY - ST - ZIP	GREAT NECK NY 11021-4804	
TITLE	S	<input type="checkbox"/> Delete
NAME	SELLARS, LINDA	
STREET ADDRESS	445 NORTHERN BOULEVARD	
CITY - ST - ZIP	GREAT NECK NY 11021-4804	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELETTO, ROSE	
STREET ADDRESS	445 NORTHERN BOULEVARD	
CITY - ST - ZIP	GREAT NECK NY 11021-4804	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000236438  
02/21/05-80018-021 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN ELETTO

2/18/05 (516) 487-3950

Date

Daytime Phone #