

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90397 040 ***150.00

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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**

50007935



2. Principal Place of Business
**600 WEST JOHN ST
SUITE 2W**

3. Mailing Address
**600 WEST JOHN ST
SUITE 2W**

02092006 Chg-P CR2E034 (11/05)

City & State
HICKSVILLE NY
Zip **11801** Country **USA**

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HICKSVILLE NY
Zip **11801** Country **USA**

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

**TREHERN, LISA
550 NW 108TH AVENUE
PEMBROKE PINES, FL**

7. Name and Address of New Registered Agent

Name **JOHN J ELETTO**
Street Address (P.O. Box Number is Not Acceptable)
2100 S OCEAN LANE APT. 1212
City **FORT LAUDERDALE** FL Zip Code **33316**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/20/06

**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 **PD** ☐ Delete
NAME **ELETTO, JOHN**
STREET ADDRESS **445 NORTHERN BOULEVARD**
CITY-ST-ZIP **GREAT NECK, NY 110214804**

TITLE **VD** ☐ Delete
NAME **ELETTO, ROBERT**
STREET ADDRESS **445 NORTHERN BOULEVARD**
CITY-ST-ZIP **GREAT NECK, NY 110214804**

TITLE **VD** ☐ Delete
NAME **ELETTO, JOSEPH**
STREET ADDRESS **445 NORTHERN BOULEVARD**
CITY-ST-ZIP **GREAT NECK, NY 110214804**

TITLE **S** ☐ Delete
NAME **SELLARS, LINDA**
STREET ADDRESS **445 NORTHERN BOULEVARD**
CITY-ST-ZIP **GREAT NECK, NY 110214804**

TITLE **D** ☐ Delete
NAME **ELETTO, ROSE**
STREET ADDRESS **445 NORTHERN BOULEVARD**
CITY-ST-ZIP **GREAT NECK, NY 110214804**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Change ☐ Addition
NAME **JOHN ELETTO**
STREET ADDRESS **600 WEST JOHN ST SUITE 2W**
CITY-ST-ZIP **HICKSVILLE, NY 11801**

TITLE **VD** ☐ Change ☐ Addition
NAME **ROBERT ELETTO**
STREET ADDRESS **600 WEST JOHN ST SUITE 2W**
CITY-ST-ZIP **HICKSVILLE, NY 11801**

TITLE **VD** ☐ Change ☐ Addition
NAME **JOSEPH ELETTO**
STREET ADDRESS **600 WEST JOHN ST SUITE 2W**
CITY-ST-ZIP **HICKSVILLE, NY 11801**

TITLE **S** ☐ Change ☐ Addition
NAME **LINDA SELLARS**
STREET ADDRESS **600 WEST JOHN ST SUITE 2W**
CITY-ST-ZIP **HICKSVILLE, NY 11801**

TITLE **D** ☐ Change ☐ Addition
NAME **ROSE ELETTO**
STREET ADDRESS **600 WEST JOHN ST SUITE 2W**
CITY-ST-ZIP **HICKSVILLE, NY 11801**

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

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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/20/06 516 937-3950