

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90255 019 ***150.00

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1. Entity Name
JOSEPH ELETTO TRANSFER, INC.



Principal Place of Business
**600 WEST JOHN ST STE 200
HICKSVILLE, NY 11801**

Mailing Address
**600 WEST JOHN ST STE 200
HICKSVILLE, NY 11801**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052007

Chg-P

CR2E034 (12/06)

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

**ELETO, JOHN J
2100 S OCEAN LANE APT 1212
FORT LAUDERDALE, FL 33316**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
NAME ELETTO, JOHN ☐ Delete
STREET ADDRESS 445 NORTHERN BOULEVARD
CITY-ST-ZIP GREAT NECK, NY 110214804

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

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

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

TITLE D
NAME ELETTO, ROSE ☐ Delete
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 ELETTO, JOHN
STREET ADDRESS 600 WEST JOHN ST SUITE 200
CITY-ST-ZIP HICKSVILLE, NY 11801

TITLE VD ☒ Change ☐ Addition
NAME ELETTO, ROBERT
STREET ADDRESS 600 WEST JOHN ST SUITE 200
CITY-ST-ZIP HICKSVILLE, NY 11801

TITLE VD ☒ Change ☐ Addition
NAME ELETTO, JOSEPH
STREET ADDRESS 600 WEST JOHN ST SUITE 200
CITY-ST-ZIP HICKSVILLE, NY 11801

TITLE S ☒ Change ☐ Addition
NAME SELLARS, LINDA
STREET ADDRESS 600 WEST JOHN ST SUITE 200
CITY-ST-ZIP HICKSVILLE, NY 11801

TITLE D ☒ Change ☐ Addition
NAME ELETTO, ROSE
STREET ADDRESS 600 WEST JOHN ST SUITE 200
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert Eletto 1/5/07 516 957-3950