

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # F02000005993**

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**



02262008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**DO NOT WRITE  
IN THIS SPACE**

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, 2008 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  
STREET ADDRESS 600 WEST JOHN ST SUITE 200  
CITY-ST-ZIP HICKSVILLE, NY 11801

TITLE VD  
NAME ELETTO, ROBERT  
STREET ADDRESS 600 WEST JOHN ST STE 200  
CITY-ST-ZIP HICKSVILLE, NY 11801

TITLE VD  
NAME ELETTO, JOSEPH  
STREET ADDRESS 600 WEST JOHN ST STE 200  
CITY-ST-ZIP HICKSVILLE, NY 11801

TITLE S  
NAME SELLARS, LINDA  
STREET ADDRESS 600 WEST JOHN ST STE 200  
CITY-ST-ZIP HICKSVILLE, NY 11801

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000045802  
03/18/08-80002-017 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 #

2/28/08 516 937-3950