

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90038 026 ***163.75

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1. Entity Name
PALEEN CONSTRUCTION CORP.



Principal Place of Business
**MILL POND OFFICES
293 ROUTE 100, SUITE 208
SOMERS, NY 10589**

Mailing Address
**MILL POND OFFICES
293 ROUTE 100, SUITE 208
SOMERS, NY 10589**

40065001



03282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-2578660

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GIGLIOTTI, PASQUALE
4895 WEST BONANZA DRIVE
BEVERLY HILLS, FL 34465**

**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	PCD
NAME	GIGLIOTTI, PASQUALE T
STREET ADDRESS	1515 CROTON LAKE ROAD
CITY-ST-ZIP	YORKTOWN HEIGHTS, NY 10598
TITLE	VDD
NAME	GIGLIOTTI, PATRICK J
STREET ADDRESS	1169 ROUTE 376 OAD
CITY-ST-ZIP	WRAPPINGERS FALLS, NY 12590
TITLE	VDD
NAME	GIGLIOTTI, KATHLEEN
STREET ADDRESS	1515 CROTON LAKE ROAD
CITY-ST-ZIP	YORKTOWN HEIGHTS, NY 10598
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: *Pasquale T. Gigliotti* *PT Gigliotti* *for* *3/28/08* *(914) 962-4582*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #