

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000002579

Entity Name: BRANCH SERVICES, INC.

**FILED**  
**Jan 11, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

141 LAFAYETTE KEY  
COLTS NECK, NJ 07722

**New Principal Place of Business:**

**Current Mailing Address:**

119 GARY WAY  
RONKONKOMA, NY 11779

**New Mailing Address:**

FEI Number: 56-2350228

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MAURER, JANI E  
500 N.E. SPANISH RIVER BLVD STE 27  
BOCA RATON, FL 33431 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CP  
Name: SALIANI, NICHOLAS  
Address: 119 GARY WAY  
City-St-Zip: RONKONKOMA, NY 11779

Title: DVP  
Name: CAPUTO, MICHAEL J  
Address: 261 WEST 35TH STREET  
City-St-Zip: NEW YORK, NY 11741

Title: D  
Name: CHU, ARTHUR  
Address: 119 GARY WAY  
City-St-Zip: RONKONKOMA, NY 11779

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NICHOLAS SALIANI

CP

01/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date