2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 07, 2005 8:00 am
Secretary of State
03-07-2005 90265 009 ***150.00

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1. Entity Name
CASHIN ASSOCIATES, P.C.

Principal Place of Business	Mailing Address
1200 VETERANS MEMORIAL HWY. HAUPPAUGE, NY 11788	1200 VETERANS MEMORIAL HWY. HAUPPAUGE, NY 11788

03032005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 11-2325811 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CARILLO, CARLOS F 601 BRICKELL KEY DR. SUITE 606 MIAMI, FL 33131	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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVTD CASHIN, FRANCIS J 3 FLOWER HILL CT. HUNTINGTON, NY 11743	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDS ~~Alfred~~ Argiola, Alfred 3 Flower Hill Court Huntington, NY 11743	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD CASHIN, FRANCIS J 202 DERBY ST. EAST WILLISTON, NY 11596	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD Cashin, Francis J 202 Derby Street East Williston, NY 11596	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVD MARLETTI, ALDO RR #3 SOUTHVIEW COURT WADING RIVER, NY 11793	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Marletti, Aldo RR #3 Southview Court Wading River, NY 11793	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVSD GLADYSE, JAMES 4 SHELTER HARBOR COURT WADING RIVER, NY 11792	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVD Gladysz, James 4 Shelter Harbor Court Wading River, NY 11793	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD IANNUCCII, JOSEPH 34 SCHNEIDER LANE HAUPPAUGE, NY 11788	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Varrichio, Anthony 50 Skipper Drive West Islip, NY 11795	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FEENEY, JAMES 14 MAYFAIR COURT NESCONSET, NY 11767	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Alfred Argiola President 3/3/05 631-348-7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #