2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 08:00 A
Secretary of State

DOCUMENT # F94000004178

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

01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

CARILLO, CARLOS F
601 BRICKELL KEY DR.
SUITE 606
MIAMI, FL 33131

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

U00000844053
03/12/08-80021-006 158.75

10. OFFICERS AND DIRECTORS

TITLE	PDC
NAME	ANGIOLA, ALFRED
STREET ADDRESS	3 FLOWER HILL CT.
CITY-ST-ZIP	HUNTINGTON, NY 11743
TITLE	VTD
NAME	CASHIN, FRANCIS J
STREET ADDRESS	202 DERBY ST.
CITY-ST-ZIP	EAST WILLISTON, NY 11596
TITLE	VD
NAME	MARLETTI, ALDO
STREET ADDRESS	RR #3 SOUTHVIEW COURT
CITY-ST-ZIP	WADING RIVER, NY 11793
TITLE	SVD
NAME	GLADYSE, JAMES
STREET ADDRESS	4 SHELTER HARBOR COURT
CITY-ST-ZIP	WADING RIVER, NY 11792
TITLE	VD
NAME	IANNUCCII, JOSEPH
STREET ADDRESS	34 SCHNEIDER LANE
CITY-ST-ZIP	HAUPPAUGE, NY 11788
TITLE	VD
NAME	FEENEY, JAMES
STREET ADDRESS	14 MAYFAIR COURT
CITY-ST-ZIP	NESCONSET, NY 11767

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: _____ 2-25-08 631 348 7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #