2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# F94000004178

Entity Name: CASHIN ASSOCIATES, P.C.

Current Principal Place of Business:

1200 VETERANS MEMORIAL HWY.
HAUPPAUGE, NY 11788

New Principal Place of Business:

Current Mailing Address:

1200 VETERANS MEMORIAL HWY.
HAUPPAUGE, NY 11788

New Mailing Address:

FEI Number: 11-2325811 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PDC	( ) Delete
Name:	ANGIOLA, ALFRED	
Address:	3 FLOWER HILL CT.	
City-St-Zip:	HUNTINGTON, NY 11743	
Title:	VTD	( ) Delete
Name:	CASHIN, FRANCIS J	
Address:	202 DERBY ST.	
City-St-Zip:	EAST WILLISTON, NY 11596	
Title:	VD	( ) Delete
Name:	MARLETTI, ALDO	
Address:	RR #3 SOUTHVIEW COURT	
City-St-Zip:	WADING RIVER, NY 11793	
Title:	SVD	( ) Delete
Name:	GLADYSE, JAMES	
Address:	4 SHELTER HARBOR COURT	
City-St-Zip:	WADING RIVER, NY 11792	
Title:	VD	( ) Delete
Name:	IANNUCCII, JOSEPH	
Address:	34 SCHNEIDER LANE	
City-St-Zip:	HAUPPAUGE, NY 11788	
Title:	VD	( ) Delete
Name:	FEENEY, JAMES	
Address:	14 MAYFAIR COURT	
City-St-Zip:	NESCONSET, NY 11767	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ALFRED ANGIOLA PRES 01/20/2009

Electronic Signature of Signing Officer or Director — Date