

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000004178

FILED  
Jan 09, 2012  
Secretary of State

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

**OFFICERS AND DIRECTORS:**

Title: PDC  
Name: ANGIOLA, ALFRED  
Address: 3 FLOWER HILL CT.  
City-St-Zip: HUNTINGTON, NY 11743

Title: VTD  
Name: CASHIN, FRANCIS J  
Address: 366 STEWART AVENUE, APT. C-10  
City-St-Zip: GARDEN CITY, NY 11530

Title: VD  
Name: MARLETTI, ALDO  
Address: RR #3 SOUTHVIEW COURT  
City-St-Zip: WADING RIVER, NY 11793

Title: SVD  
Name: GLADYSE, JAMES  
Address: 4 SHELTER HARBOR COURT  
City-St-Zip: WADING RIVER, NY 11792

Title: VD  
Name: IANNUCCI, JOSEPH  
Address: 34 SCHNEIDER LANE  
City-St-Zip: HAUPPAUGE, NY 11788

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: FRANCIS CASHIN

VTD

01/09/2012

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

\_\_\_\_\_  
Date