


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # P97000056819 1. Entity Name PETTINELLA FAMILY HOLDINGS, INC.	
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Principal Place of Business 1136 ROUTE 9, SUITE U-1 WAPPINGERS FALLS, NY 12590	Mailing Address 1136 ROUTE 9, SUITE U-1 WAPPINGERS FALLS, NY 12590
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03242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2336322	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINI, GREGORY T
2655 LEJEUNE RD. STE. 1101
CORAL GABLES, FL FL

**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 _____
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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000886029 04/18/08-80038-010 300.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTM PETTINELLA, JOSEPH A 35 BURTS PATH HOPEWELL JCT, NY 12533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PETTINELLA, ALBERT SR 8 ALBERTANNA CT HOPEWELL JUNCTION, NY 12533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PETTINELLA, ALBERT JR 16 BLUEBERRY DR WINGDALE, NY 12594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTINELLI, NANCY 8 ALBERTANNA CT HOPEWELL JUNCTION, NY 12533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **4/11/2008** **914-755-2215**