

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000005993

**Entity Name:** JOSEPH ELETTO TRANSFER, INC.

**FILED**  
**Apr 24, 2015**  
**Secretary of State**  
**CC6554654182**

**Current Principal Place of Business:**

600 WEST JOHN ST  
SUITE 200  
HICKSVILLE, NY 11801

**Current Mailing Address:**

600 WEST JOHN ST  
SUITE 200  
HICKSVILLE, NY 11801

**FEI Number: 11-1989664**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

O'BRIEN, THERESA  
20244 MELVILLE ST  
ORLANDO, FL 32833 US

*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

**Officer/Director Detail :**

Title           VP  
Name           ELETTO, JOHN  
Address       600 WEST JOHN ST SUITE 200  
City-State-Zip: HICKSVILLE NY 11801

Title           VD  
Name           ELETTO, ROBERT  
Address       600 WEST JOHN ST STE 200  
City-State-Zip: HICKSVILLE NY 11801

Title           PRESIDENT  
Name           ELETTO, JOSEPH  
Address       600 WEST JOHN ST STE 200  
City-State-Zip: HICKSVILLE NY 11801

Title           S  
Name           SELLARS, LINDA  
Address       600 WEST JOHN ST STE 200  
City-State-Zip: HICKSVILLE NY 11801

*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: JOSEPH ELETTO**

**PRESIDENT**

**04/24/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date