

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F92984

Entity Name: A.B.A. INDUSTRIES, INC.

FILED  
Feb 23, 2007  
Secretary of State

**Current Principal Place of Business:**

382 CIRCLE FREEWAY DR.  
CINCINNATI, OH 45246 US

**New Principal Place of Business:**

**Current Mailing Address:**

382 CIRCLE FREEWAY DR.  
CINCINNATI, OH 45246 US

**New Mailing Address:**

FEI Number: 59-0914814      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MACFARLANE, ELLEN M  
400 N. TAMPA STREET, SUITE 2300  
TAMPA, FL 33602 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: PD ( ) Delete  
Name: MESHAY, MICHAEL  
Address: 189 CONTAINER PLACE  
City-St-Zip: CINCINNATI, OH 45246 US

Title: D ( ) Delete  
Name: LABBE, GILLES  
Address: 1111 SAINT CHARLES ST.WEST,STE 658  
City-St-Zip: LONGUEIL, QUEBEC, QC J4K 5G4 CA

Title: D ( ) Delete  
Name: BELANGER, REAL  
Address: 1111 SAINT CHARLES ST.WEST,STE 658  
City-St-Zip: LONGUEIL, QUEBEC, QC J4K 5G4 CA

Title: VPF ( ) Delete  
Name: MICHALSKI, WILLIAM  
Address: 382 CIRCLE FREEWAY DR  
City-St-Zip: CINCINNATI OH, OH 45246 US

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM MICHALSKI

VPF

02/23/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date