

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F92984

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

FILED
Aug 14, 2008
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 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

08/14/2008

Electronic Signature of Signing Officer or Director

_____ Date