

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F92984

FILED  
Jan 04, 2011  
Secretary of State

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

**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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MESHAY, MICHAEL  
Address: 189 CONTAINER PLACE  
City-St-Zip: CINCINNATI, OH 45246 US

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

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

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

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: WILLIAM MICHALSKI

VPF

01/04/2011

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

\_\_\_\_\_ Date