


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F99000001651**  
 1. Entity Name  
**ABC-AMEGA, INC.**



Principal Place of Business  
**1100 MAIN STREET**  
**BUFFALO, NY 14209**

Mailing Address  
**1100 MAIN STREET**  
**BUFFALO, NY 14209**

**DO NOT WRITE IN THIS SPACE**



01252005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**16-1390185** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HERER, HARVEY L 169 REGATTA DR. JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO HERER, DAVID L 65 MIDDLESEX RD. BUFFALO, NY 14216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHUMAN, IRVING 164 DON TROY WILLIAMSVILLE, NY 14221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVY, JORDAN 58 THE HAMLET EAST AMHERST, NY 14051
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZEMSKY, HOWARD 181 MORRIS AVENUE BUFFALO, NY 14214
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CATALANO, PAUL F 22 STRATFORD COURT EAST AMHERST, NY 14051

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 02/08/05-80005-002 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Paul F. Catalano* **Paul F. Catalano, President** 2/2/05 716-878-2804  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #