

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2005 8:00 am**  
**Secretary of State**

03-22-2005 90144 001 \*\*\*900.00

**DOCUMENT # 673459**

1. Entity Name  
**ABLE EXPORT, INC.**



Principal Place of Business

**7451 N.W. 63RD ST.  
MIAMI, FL 33166-3603 US**

Mailing Address

**7451 N.W. 63RD ST.  
MIAMI, FL 33166-3603 US**

**66006827**



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

03022005

Chg-P

CR2E034 (10/03)

4. FEI Number

**59-2010605**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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  
**P  
MCNABB, TERRENCE  
31 MIDDLESEX RD.  
MANSFIELD, MA 02048** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CT  
PARLENGAS, RONALD  
18 RED GAP RD.  
WILBRAHAM, MA 01095** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HITCHNER, DOUGLAS  
56B FOREST DRIVE  
SPRINGFIELD, NJ 07081** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
LEMAY, SCOTT  
535 SOUTH ST.  
FITCHBURG, MA 01420** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
KWAIT, BRIAN  
75 ROCK MAPLE ROAD  
GREENWICH, CT 06830** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P, CEO  
TERRENCE MCNABB  
200 FRIBERG PARKWAY, STE 4000  
WESTBORO, MA 01581** ☒ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SECRETARY & TREASURER  
RONALD PARLENGAS  
18 RED GAP ROAD  
WILBRAHAM, MA 01095** ☒ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP, CFO  
TERRY BELLORA  
85 EAST INDIA WAY  
BOSTON, MA 02110** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ASST. SECRETARY  
JOSEPH BALDUCCI  
51 LONGWOOD DRIVE  
LUNENBURG, MA 01462** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DIRECTOR  
MUZZI MARZA  
286 PARK AVE 38th Floor  
New York, NY 10017** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Ronald Parlengas* **Ronald Parlengas**

**3-3-05**

**508-594-2558**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #