

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000056466

**FILED**  
**Jan 11, 2007**  
**Secretary of State**

**Entity Name:** N.O.A. LOGISTICS SERVICES CORPORATION U.S.A.

**Current Principal Place of Business:**

3145 W. ATLANTIC BLVD.  
POMPANO BEACH, FL 33069

**New Principal Place of Business:**

**Current Mailing Address:**

3145 W. ATLANTIC BLVD.  
POMPANO BEACH, FL 33069

**New Mailing Address:**

FEI Number: 04-3586895

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE, FL 333114132 US

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

ABIRI, OREN  
3145 W. ATLANTIC BLVD.  
POMPANO BEACH, FL 33069 US

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: OREN ABIRI

01/11/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ABIRI, OREN  
Address: 12246 COLONY PRESERVE DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D ( ) Delete  
Name: ABIRI, SAGI  
Address: 12246 COLONY PRESERVE DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33436

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: ABIRI, OREN  
Address: 3145 W. ATLANTIC BLVD.  
City-St-Zip: POMPANO BEACH, FL 33069

Title: D (X) Change ( ) Addition  
Name: ABIRI, SAGI  
Address: 3145 W. ATLANTIC BLVD.  
City-St-Zip: POMPANO BEACH, FL 33069

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: OREN ABIRI

PRES

01/11/2007

Electronic Signature of Signing Officer or Director

Date