

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F00000003409

**Entity Name:** NABB INVESTMENTS, INC.**Current Principal Place of Business:**950 LAWRENCE AVE W  
TORONTO, ONTARIO M6A 1C4**Current Mailing Address:**950 LAWRENCE AVE W  
TORONTO, ONTARIO M6A 1C4 CA**FEI Number:** 98-0137945**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                         |
|-----------------|-------------------------|
| Title           | MR                      |
| Name            | COWIE, BRIAN A          |
| Address         | 950 LAWRENCE AVE W      |
| City-State-Zip: | TORONTO ONTARIO M6A 1C4 |

|                 |                         |
|-----------------|-------------------------|
| Title           | VP                      |
| Name            | POYNTZ, ADAM            |
| Address         | 950 LAWRENCE AVE W      |
| City-State-Zip: | TORONOT ONTARIO M6A 1C4 |

|                 |                         |
|-----------------|-------------------------|
| Title           | OTHER                   |
| Name            | MALIZIA, TINALYN        |
| Address         | 950 LAWRENCE AVE W      |
| City-State-Zip: | TORONTO ONTARIO M6A 1C4 |

*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:** POYNTZ, ADAM

CFO

04/29/2021

Electronic Signature of Signing Officer/Director Detail

Date