

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G86661

**FILED
Apr 16, 2014
Secretary of State
CC4924275773**

Entity Name: AFFILIATED BUSINESS SOLUTIONS, INC.

Current Principal Place of Business:

100 JIM MORAN BLVD.
DEERFIELD BEACH, FL 33442

Current Mailing Address:

100 JIM MORAN BLVD.
DEERFIELD BEACH, FL 33442 US

FEI Number: 59-2886988

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. 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 PRESIDENT, DIRECTOR
Name BROWN, COLIN W.
Address 100 JIM MORAN BLVD.
City-State-Zip: DEERFIELD BEACH FL 33442

Title VP
Name GONZALEZ, JORGE E.
Address 100 JIM MORAN BLVD.
City-State-Zip: DEERFIELD BEACH FL 33442

Title SECRETARY
Name WARD, III, L. TAYLOR
Address 100 JIM MORAN BLVD.
City-State-Zip: DEERFIELD BEACH FL 33442

Title TREASURER
Name GEBHARD, ERIC M.
Address 100 JIM MORAN BLVD.
City-State-Zip: DEERFIELD BEACH FL 33442

Title ASSISTANT SECRETARY
Name WILLIAMS, CAREN SNEAD
Address 100 JIM MORAN BLVD.
City-State-Zip: DEERFIELD BEACH FL 33442

Title DIRECTOR
Name YERVES, KEN
Address 100 JIM MORAN BLVD.
City-State-Zip: DEERFIELD BEACH FL 33442

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: CAREN SNEAD WILLIAMS

ASSISTANT SECRETARY 04/16/2014

Electronic Signature of Signing Officer/Director Detail

Date