

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000042921

**Entity Name:** ABP DEVELOPMENT SOLUTIONS, INC.

**Current Principal Place of Business:**

7208 NIGHTSHADE DRIVE  
RIVERVIEW, FL 33578

**FILED**  
**Feb 10, 2017**  
**Secretary of State**  
**CC3017874046**

**Current Mailing Address:**

7208 NIGHTSHADE DRIVE  
RIVERVIEW, FL 33578 US

**FEI Number: 46-2806954**

**Certificate of Status Desired: No**

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

JOSEPH, JAVAUN ALEX MICHEAL  
7208 NIGHTSHADE DRIVE  
RIVERVIEW, FL 33578 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: JAVAUN JOSEPH**

**02/10/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name JOSEPH, JAVAUN  
Address 7208 NIGHTSHADE DRIVE  
City-State-Zip: RIVERVIEW FL 33578

Title D  
Name COOTE, VANESSA  
Address 3045 PARK VILLAGE WAY  
City-State-Zip: MELBOURNE FL 32935

Title STD  
Name NERO-DOWE, DAVID J  
Address 7208 NIGHTSHADE DRIVE  
City-State-Zip: RIVERVIEW FL 33578

Title DIRECTOR  
Name OMEGA, ARTHUR  
Address 4806 GAIL BLVD  
City-State-Zip: WEST MELBOURNE FL 32904

Title DIRECTOR  
Name BROOKS, JONNELLE ANNE  
Address 14 BARBOON STREET  
City-State-Zip: BELMOPAN CAYO

Title DIRECTOR  
Name WILLIAMS, KENSWORTH HENRY  
Address 112 BARRACK ROAD  
City-State-Zip: BELIZE CITY BELIZE

*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: JAVAUN JOSEPH**

**PRESIDENT**

**02/10/2017**

Electronic Signature of Signing Officer/Director Detail

Date