

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000086980

FILED  
Apr 28, 2012  
Secretary of State

Entity Name: AB CONSULTING & ACCOUNTING SERVICES, INC.

## Current Principal Place of Business:

685 NE 126TH STREET  
AB TAX CENTER BLDG  
NORTH MIAMI, FL 33161

## New Principal Place of Business:

685 NE 126TH STREET  
AB TAX CENTER BLDG  
NORTH MIAMI, FL 33161 US

## Current Mailing Address:

685 NE 126TH STREET  
AB TAX CENTER BLDG  
NORTH MIAMI, FL 33161

## New Mailing Address:

FEI Number: 65-1140304      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BLEMUR, ANIS  
1391 NW ST LUCIE W. BLVD  
NO. 136  
PORT ST LUCIE, FL 34986 US

## Name and Address of New Registered Agent:

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

## OFFICERS AND DIRECTORS:

Title: P  
Name: BLEMUR, ANIS  
Address: 1391 NW ST LUCIE W. BLVD  
City-St-Zip: PORT ST LUCIE, FL 34986 US

Title: VP  
Name: BLEMUR, ANIS  
Address: 1391 NW ST LUCIE W. BLVD  
City-St-Zip: PORT ST LUCIE, FL 34986 US

Title: T  
Name: BLEMUR, ANIS  
Address: 1391 NW ST LUCIE W. BLVD NO. 136  
City-St-Zip: PORT ST LUCIE, FL 34986 US

Title: S  
Name: BLEMUR, ANIS  
Address: 1391 NW ST LUCIE W. BLVD NO 136  
City-St-Zip: PORT ST LUCIE, FL 34986 US

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: ANIS BLEMUR

P

04/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date