

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000054927

Entity Name: A.B. SOLUTIONS,INC.

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

12641 N. STONBROOK CIRCLE  
DAVIE, FL 33330

**New Principal Place of Business:**

**Current Mailing Address:**

12641 N. STONEBROOK CIRCLE  
DAVIE, FL 33330

**New Mailing Address:**

12641 N. STONBROOK CIRCLE  
DAVIE, FL 33330

FEI Number: 04-3811786

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ZVEIBIL, ROBERT  
12641 N. STONEBROOK CIRCLE  
DAVIE, FL 33330 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: ZVEIBIL, ROBERT  
Address: 12641 N. STONEBROOK CIRCLE  
City-St-Zip: DAVIE, FL 33330

Title: VP  
Name: ZVEIBIL, SALLY DOROTHY  
Address: 12641 N. STONEBROOK CIRCLE  
City-St-Zip: DAVIE, FL 33330

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: ROBERT ZVEIBIL

P

04/29/2011

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

\_\_\_\_\_  
Date