

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000082620

FILED  
Sep 16, 2012  
Secretary of State

**Entity Name:** AB JUACHON CONSULTING, INC.

**Current Principal Place of Business:**

4956 GRAND LAKES DR N  
JACKSONVILLE, FL 32258 US

**New Principal Place of Business:**

**Current Mailing Address:**

4956 GRAND LAKES DR N  
JACKSONVILLE, FL 32258 US

**New Mailing Address:**

**FEI Number:** 45-3339083

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAK COURT  
SUITE A  
TAMPA, FL 33612 US

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

JUACHON, ARVIN  
4956 GRAND LAKES DR N  
JACKSONVILLE, FL FL 32258 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:** ARVIN JUACHON

09/16/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P, T  
**Name:** JUACHON, ARVIN B  
**Address:** 4956 GRAND LAKES DR N  
**City-St-Zip:** JACKSONVILLE, FL 32258 US

**Title:** D  
**Name:** JUACHON, ARVIN B  
**Address:** 4956 GRAND LAKES DR N  
**City-St-Zip:** JACKSONVILLE, FL 32258

**Title:** S, D  
**Name:** JUACHON, MARICAR D  
**Address:** 4956 GRAND LAKES DR N  
**City-St-Zip:** JACKSONVILLE, FL 32258 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:** ARVIN JUACHON

D

09/16/2012

Electronic Signature of Signing Officer or Director

Date