

**2024 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F17000001686

**Entity Name:** AB ENZYMES, INC.**Current Principal Place of Business:**8211 W. BROWARD BLVD  
SUITE 420  
PLANTATION, FL 33324**Current Mailing Address:**8211 W. BROWARD BLVD  
SUITE 420  
PLANTATION, FL 33324 US**FEI Number:** 82-1119058**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
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 CEO  
Name NIELSEN, MARTIN  
Address 8211 W. BROWARD BLVD  
SUITE 420  
City-State-Zip: PLANTATION FL 33324

Title CFO  
Name HILGEFORT, KRISTOF  
Address 8211 W. BROWARD BLVD  
SUITE 420  
City-State-Zip: PLANTATION FL 33324

Title VP  
Name HILGEFORT, KRISTOF  
Address 8211 W. BROWARD BLVD  
SUITE 420  
City-State-Zip: PLANTATION FL 33324

Title TREASURER  
Name KEEGAN, JENNIFER  
Address 8211 W. BROWARD BLVD  
SUITE 420  
City-State-Zip: PLANTATION FL 33324

Title PRESIDENT  
Name NIELSEN, MARTIN  
Address 8211 W. BROWARD BLVD  
SUITE 420  
City-State-Zip: PLANTATION FL 33324

Title REGIONAL FINANCE CONTROLLER  
Name CHAPMAN, MARIBEL  
Address 8211 W. BROWARD BLVD  
SUITE 420  
City-State-Zip: PLANTATION FL 33324

Title REGIONAL DIRECTOR  
Name SWARR, DERRICK  
Address 8211 W. BROWARD BLVD  
SUITE 420  
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR  
Name NAPOE, LUDA  
Address 8211 W. BROWARD BLVD  
SUITE 420  
City-State-Zip: PLANTATION FL 33324

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*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:** JENNIFER KEEGAN**TREASURER****08/12/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title SECRETARY  
Name NAPOE, LUDA  
Address 8211 W. BROWARD BLVD  
SUITE 420  
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR  
Name NIELSEN, MARTIN  
Address 8211 W. BROWARD BLVD  
SUITE 420  
City-State-Zip: PLANTATION FL 33324