

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000024544

**Entity Name:** AB FLORIDA GROUP (WHISPERING ISLES), INC.

**FILED**  
**Apr 13, 2023**  
**Secretary of State**  
**1743404158CC**

**Current Principal Place of Business:**

ALAJLAN RESIDENCES, HITTEEN STREET  
C/O IMRAN SALAHUDDIN  
HITTEEN, RIYADH 11541

**Current Mailing Address:**

ALAJLAN RESIDENCES, HITTEEN STREET  
C/O IMRAN SALAHUDDIN  
HITTEEN, 11541 SA

**FEI Number: 33-1226306**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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            PRESIDENT AND DIRECTOR  
Name            BIN ABDULAZIZ ALAJLAN, AJLAN  
Address        ALAJLAN RESIDENCES, HITTEEN  
                  STREET  
                  C/O IMRAN SALAHUDDIN  
City-State-Zip: HITTEEN 11541

Title            SECRETARY  
Name            SALAHUDDIN, IMRAN  
Address        ALAJLAN RESIDENCES, HITTEEN  
                  STREET  
                  C/O IMRAN SALAHUDDIN  
City-State-Zip: HITTEEN 11541

Title            DIRECTOR, VP  
Name            BIN ABDULAZIZ ALAJLAN,  
                  MOHAMMAD  
Address        ALAJLAN RESIDENCES, HITTEEN  
                  STREET  
                  C/O IMRAN SALAHUDDIN  
City-State-Zip: HITTEEN 11541

Title            DIRECTOR, VP  
Name            BIN ABDULAZIZ ALAJLAN, FAHAD  
Address        ALAJLAN RESIDENCES, HITTEEN  
                  STREET  
                  C/O IMRAN SALAHUDDIN  
City-State-Zip: HITTEEN 11541

*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: AJLAN BIN ABDULAZIZ ALAJLAN**

**PRESIDENT**

**04/13/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date