2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000053536

Entity Name: AB FLORIDA GROUP (JACLYN), INC.

FILED Apr 14, 2016 **Secretary of State** CC6573963076

Current Principal Place of Business:

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

Current Mailing Address:

2 N. LASALLE ST., SUITE 1300 CHICAGO, IL 60602

FEI Number: 99-0377786 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:

Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title PRESIDENT AND DIRECTOR Title **SECRETARY**

Name BIN ABDULAZIZ ALAJLAN, AJLAN Name SALAHUDDIN, IMRAN

Address ALAJLAN RESIDENCES, HITTEEN Address ALAJLAN RESIDENCES, HITTEEN

STREET STREET

C/O IMRAN SALAHUDDIN C/O IMRAN SALAHUDDIN

City-State-Zip: HITTEN, RIYADH 11541 City-State-Zip: HITTEEN, RIYADH 11541

Title **DIRECTOR** Title **DIRECTOR**

Name BIN ABDULAZIZ ALAJLAN, Name BIN ABDULAZIZ ALAJLAN, FAHAD

MOHAMMAD

Address Address ALAJLAN RESIDENCES, HITTEEN

STREET

C/O IMRAN SALAHUDDIN C/O IMRAN SALAHUDDIN HITTEEN, RIYADH 11541 City-State-Zip:

City-State-Zip: HITTEEN, RIYADH 11541

SIGNATURE: IMRAN SALAHUDDIN

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.

Electronic Signature of Signing Officer/Director Detail

SECRETARY

ALAJLAN RESIDENCES, HITTEEN

STREET

04/14/2016