



531501411

# ANNUAL REPORT

Foreign Business Corporation  
SDCL 59-11-24, 24.1

Secretary of State  
500 E. Capitol Ave  
Pierre, SD 57501-5070  
(605) 773-4845

**2022**  
FILING YEAR

Please Type or Print Clearly in Ink  
Please submit one Original  
Make payable to the SECRETARY OF STATE

Filing Fee: \$50
Total Fee: \$50

B0225-0118 06/22/2022 8:07PM Rec'd by SD SOS

1. Business ID and Name:

**FB184380**  
BUSINESS ID

**A.B. PROPERTY SERVICES, INC.**  
BUSINESS NAME

2. The jurisdiction under whose law it is formed FLORIDA

3. The address of the principal executive office (business address):

Actual Street Address

**18000 NE 5TH AVE**  
**MIAMI, FL 33162**

Mailing Address

**18000 NE 5TH AVE**  
**MIAMI, FL 33162**

4. The South Dakota Registered Agent's Name:

South Dakota law permits the registered agent to be either (a) a noncommercial registered agent, (b) a commercial registered agent, or (c) an office holder.

(b) The South Dakota Commercial Registered Agent's name & CRA#

CRA: **CORPORATION SERVICE COMPANY (0000003)**

Actual Street Address in this State

**503 S PIERRE ST**  
**PIERRE, SD 57501-4522**

Mailing Address in this State

5. The names and business addresses of its principal officers.

Title	Name	Address
Treasurer	John Jason	18000 NE 5th Ave, Miami, FL 33162
President	Michael Draves	18000 NE 5th Ave, Miami, FL 33162

6. The names and business addresses of its directors (governors).

Name	Address
JOHN JASON	18000 NE 5th Ave, Miami, FL 33162

7. Beneficial Owners (optional): A beneficial owner is a person who has or in some manner controls an equity security. Please consult an attorney for legal advice if you have any questions concerning this entry. Any question under this heading is considered a request for legal advice and the secretary of state's office is, by statute, not permitted, to provide legal advice.

No person may execute this report knowing it is false in any material respect. Any violation may be subject to a civil and/or criminal penalty (SDCL 47-1A-129; 22-39-36).



06/22/2022

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Email (Optional)

*John Jason*

\_\_\_\_\_  
Signature of an Authorized Person

**John Jason**

\_\_\_\_\_  
Printed Name

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