2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 28, 2004 08:00 AM Secretary of State **DOCUMENT # 547085** 1. Entity Name K & B INVESTMENT CORPORATION Mailing Address Principal Place of Business 11925 S.W. 128 ST. P.O. BOX 161859 MIAMI FL 33186 11925 S.W. 128 ST. P.O. BOX 161859 MIAMI FL 33186 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-1816035 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOANNOU, BEN Street Address (P.O. Box Number is Not Acceptable) 11925 S.W. 128 ST. **MIAMI FL 33186** City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, lyped or printed name of registered agent and title if applicable (NGTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change Addition JOANNOU.BEN NAME NAME U00000017947 01/28/04-80113-023 150.00 9900 SW 131ST ST STREET ADDRESS STREET ADDRESS. CITY - ST - ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition JOANNOU, BEN NAME NAME STREET ADDRESS 9900 S.W. 131ST ST STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP TOLE TITLE Delete ☐ Change ☐ Addition NAME NAME GURDJIAN, JACQUES STREET ADDRESS STREET ADDRESS 15715 SW 89TH AVE CITY-ST-ZIP CITY - ST-ZIP MIAMI FL Delete TITLE ☐ Addition TITLE ☐ Change **GURDJIAN, JACQUES** NAME NAME 15715 SW 89TH AVE STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-718 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CtTY-ST-ZIP CATY - ST - ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

FILED

(305) 238-1866 Daytime Phone #