


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # 547085
 1. Entity Name
K & B INVESTMENT CORPORATION



Principal Place of Business 11925 S.W. 128 ST. P.O. BOX 161859 MIAMI, FL 33186 US	Mailing Address 11925 S.W. 128 ST. P.O. BOX 161859 MIAMI, FL 33186 US
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01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1816035	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 JOANNOU, BEN
 11925 S.W. 128 ST.
 MIAMI, FL 33186

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JOANNOU, BEN 9900 SW 131ST ST MIAMI FL,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T JOANNOU, BEN 9900 S.W. 131ST ST MIAMI FL,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GURDJIAN, JACQUES 15715 SW 89TH AVE MIAMI FL,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GURDJIAN, JACQUES 15715 SW 89TH AVE MIAMI FL,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby 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: _____ Date **1-6-05** Daytime Phone # **(305) 238-1866**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR