

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2009
Secretary of State

DOCUMENT# N98000007327

Entity Name: K.A.B.B., INC.

Current Principal Place of Business:

700 S 79 AVE
POMPANO BEACH, FL 33068

New Principal Place of Business:

Current Mailing Address:

700 S 79 AVE
POMPANO BEACH, FL 33068

New Mailing Address:

FEI Number: 65-0881745 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LEMIEUX, PIERRE B
700 SW 79 AVE
POMPANO BEACH, FL 33068 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: EXCEUS, FRANTZ
Address: 251 NE 58TH STREET
City-St-Zip: MIAMI, FL 33137

Title: CD () Delete
Name: EXCEUS, CLAUDEL
Address: 630 SW 71ST TERR
City-St-Zip: HOLLYWOOD, FL 33022

Title: CD () Delete
Name: EXCEUS, RAYNAL
Address: 17690 NE 6 AVE
City-St-Zip: MIAMI, FL 33162

Title: CD () Delete
Name: EXCEUS, XAVIER
Address: 590 NW 116 STREET
City-St-Zip: MIAMI, FL 33168

Title: DC () Delete
Name: LEMIEUX, PIERRE B
Address: 700 S. 79TH AVE
City-St-Zip: POMPANO BEACH, FL 33068

Title: CD () Delete
Name: CINMELUS, SARIMIN
Address: 78563 SW 13TH STREET #12
City-St-Zip: POMPANO BEACH, FL 33068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEMIEUX PIERRE B.

Electronic Signature of Signing Officer or Director

MR

05/26/2009

Date