


**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90720 001 \*\*\*\*66.25  
 04-12-2004 90720 002 \*\*\*\*\*8.75

**2004 NOT-FOR-PROFIT CORPORATION  
 ANNUAL REPORT**

**DOCUMENT # N98000007327**

1. Entity Name  
**K.A.B.B., INC.**



Principal Place of Business  
**4309 N.W. 5TH AVE  
 FORT LAUDERDALE, FL 33309**

Mailing Address  
**P.O. BOX 100578  
 FT. LAUDERDALE, FL 33310**



**DO NOT WRITE IN THIS SPACE**

02072004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-0881745**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FLEURIMA, CLAROBERT  
 4309 N.W. 5TH AVE  
 FORT LAUDERDALE, FL 33309**

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 IN THIS SPACE**

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 *Charlotte Fleurima* DATE 05-06 04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2004**

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	CD ALCIUS, RENAUD 101 NE 20 STREET POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ALBANIO, ROBERT 1507 NW 11 CIRCLES APT. #62 POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD EXCEUS, RENAL 17690 NE 6 AVE MIAMI, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD EXCEUS, FLOBERT 590 NW 116 STREET MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC LEMIEUX, PIERRE B 79405 SW 10 STREET APT.#4 POMPANO BEACH, FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLAROBERT, FLEURIMA 4309 NW 5TH AVENUE FORT LAUDERDALE, FL 33309

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 IN THIS SPACE**

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 617, 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: *Charlotte Fleurima* DATE 05-06 04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #