


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90069 043 ****70.00

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FLEURIMA, CLAROBERT 4309 N.W. 5TH AVE FORT LAUDERDALE, FL 33309				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALCIUS, RENAUD		NAME		
STREET ADDRESS	101 NE 20 STREET		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33060		CITY-ST-ZIP		
TITLE	CD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALBANIO, ROBERT		NAME		
STREET ADDRESS	1507 NW 11 CIRCLES APT. #62		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33069		CITY-ST-ZIP		
TITLE	CD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EXCEUS, RENAL		NAME		
STREET ADDRESS	17690 NE 6 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33162		CITY-ST-ZIP		
TITLE	CD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EXCEUS, FLOBERT		NAME		
STREET ADDRESS	590 NW 116 STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33168		CITY-ST-ZIP		
TITLE	DC <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEMIEUX, PIERRE B		NAME		
STREET ADDRESS	79405 SW 10 STREET APT.#4		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33068		CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLAROBERT, FLEURIMA		NAME		
STREET ADDRESS	4309 NW 5TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309		CITY-ST-ZIP		
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: <u>CLAROBERT FLEURIMA President Clarobert Fleurima</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



03222005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0881745

Applied For
Not Applicable

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

Date 04-09-05 Daytime Phone #

954 816-7352