


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 26, 2006 8:00 am**  
**Secretary of State**

05-26-2006 90017 010 \*\*\*\*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

50019891

2. Principal Place of Business  
 700 S. W 79 AV.  
 Suite, Apt. #, etc.  
 N. Lauderdale  
 City / State  
 FL 33068

3. Mailing Address  
 SAME  
 Suite, Apt. #, etc.  
 City & State  
 Zip  
 Broward



04102006 Chg-NP CR2E037 (11/05)

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

7. Name and Address of New Registered Agent  
 Name Lemieux Pierre B.  
 Street Address (P.O. Box Number is Not Acceptable)  
 700 S. W 79 Avenue  
 N. Lauderdale Fl. 33068  
 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 *Pierre Lemieux* DATE 5-20/06  
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, 2006

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

Make check payable to Florida Department of State

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Pierre Lemieux* Date 5/20/06  
Signature and typed or printed name of signing officer or director