2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2007 8:00 am
Secretary of State
09-10-2007 90001 018 ****70.00

DOCUMENT # N98000007327

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

Principal Place of Business
700 S 79 AVE
POMPANO BEACH, FL 33068

Mailing Address
700 S 79 AVE
POMPANO BEACH, FL 33068

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip | Country

Zip | Country

09032007 Chg-NP CR2E037 (12/06)

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

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

7. Name and Address of New Registered Agent

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 September 14, 2007

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	CD ☑ Delete	TITLE	FRANTZ EXCEUS ☐ Change ☐ Addition
NAME	ALCIUS, RENAUD	NAME	
STREET ADDRESS	101 NE 20 STREET	STREET ADDRESS	251 NE 58 Street
CITY-ST-ZIP	POMPANO BEACH, FL 33060	CITY-ST-ZIP	MIAMI, FL 33137
TITLE	CD ☑ Delete	TITLE	EXCEUS Claudel ☐ Change ☐ Addition
NAME	ALBANIO, ROBERT	NAME	
STREET ADDRESS	1507 NW 11 CIRCLES APT. #62	STREET ADDRESS	630 SW 71 TER
CITY-ST-ZIP	POMPANO BEACH, FL 33069	CITY-ST-ZIP	PEMBROKE PINES FL 33022
TITLE	CD ☐ Delete	TITLE	EXCEUS, Raynal ☐ Change ☐ Addition
NAME	EXCEUS, RENAL Raynal	NAME	
STREET ADDRESS	17690 NE 6 AVE	STREET ADDRESS	17690 NE 6th AVE
CITY-ST-ZIP	MIAMI, FL 33162	CITY-ST-ZIP	MIAMI, FL 33162
TITLE	CD ☑ Delete	TITLE	EXCEUS, Xavier ☐ Change ☑ Addition
NAME	EXCEUS, FLOBERT	NAME	
STREET ADDRESS	590 NW 116 STREET	STREET ADDRESS	590 NW 116 St
CITY-ST-ZIP	MIAMI, FL 33168	CITY-ST-ZIP	MIAMI, FL 33168
TITLE	DC ☑ Delete	TITLE	LEMIEUX, Pierre-BAZILE ☑ Change ☐ Addition
NAME	LEMIEUX, PIERRE B	NAME	
STREET ADDRESS	79405 SW 10 STREET APT.#4	STREET ADDRESS	700 S 79 AVE
CITY-ST-ZIP	POMPANO BEACH, FL 33068	CITY-ST-ZIP	POMPANO BEACH FL 33068
TITLE	☐ Delete	TITLE	EINMELUS, SARIMIN ☐ Change ☑ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	78563 SW 13 Street #2
CITY-ST-ZIP		CITY-ST-ZIP	POMPANO BEACH, FL 33068

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: [signature] Raynal EXCEUS 09-04-07 (305)654-7460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #