

# 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