| Number: 83-1903086 | Certificate of Status Desired: No |
|---|---|
| e and Address of Current Registered Agent: | |
| ARY, KAREN NORTHWEST 29TH WAY I RATON, FL 33434 US | |
| ove named entity submits this statement for the purpose of changing its registered office or regi | stered agent, or both, in the State of Florida. |
| | |

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000076441

Entity Name: KAB FINANCIAL GROUP INC.

Current Principal Place of Business:

4337 NORTHWEST 29TH WAY BOCA RATON. FL 33434

Current Mailing Address:

4337 NORTHWEST 29TH WAY BOCA RATON. FL 33434 US

FEI N

Name

ALAMA 4337 N BOCA

FILED Apr 08, 2024 Secretary of State 1777936293CC

SIGNATURE:

| | Electronic Signature of Registered Agent | | I |
|---------------------------|--|-----------------|-------------------------|
| Officer/Director Detail : | | | |
| Title | Ρ | Title | т |
| Name | ALAMARY, KAREN | Name | ALAMARY, AARON |
| Address | 4337 NORTHWEST 29TH WAY | Address | 4337 NORTHWEST 29TH WAY |
| City-State-Zip: | BOCA RATON FL 33434 | City-State-Zip: | BOCA RATON FL 33434 |
| Title | VP | | |
| Name | MURAM, BENTSY | | |
| Address | 4337 NORTHWEST 29TH WAY | | |
| City-State-Zip: | BOCA RATON FL 33434 | | |

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: AARON ALAMARY

Т

Date

Electronic Signature of Signing Officer/Director Detail