

FILED
May 10, 2004 8:00 am
Secretary of State

04-12-2004 90720 001 ****66.25
04-12-2004 90720 002 ****8.75

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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**

DO NOT WRITE IN THIS SPACE

02072004 No Chg-NP CR2E037 (10/03)

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**

**DO NOT WRITE
IN THIS SPACE**

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

Charlotte Fleurima

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

05-06-04

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	ALCIUS, RENAUD
STREET ADDRESS	101 NE 20 STREET
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	CD
NAME	ALBANIO, ROBERT
STREET ADDRESS	1507 NW 11 CIRCLES APT. #62
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	CD
NAME	EXCEUS, RENAL
STREET ADDRESS	17690 NE 8 AVE
CITY-ST-ZIP	MIAMI, FL 33162
TITLE	CD
NAME	EXCEUS, FLOBERT
STREET ADDRESS	590 NW 116 STREET
CITY-ST-ZIP	MIAMI, FL 33168
TITLE	DC
NAME	LEMIEUX, PIERRE B
STREET ADDRESS	79405 SW 10 STREET APT.#4
CITY-ST-ZIP	POMPANO BEACH, FL 33068
TITLE	P
NAME	CLAROBERT, FLEURIMA
STREET ADDRESS	4309 NW 5TH AVENUE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309

**DO NOT WRITE
IN THIS SPACE**

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:

Charlotte Fleurima

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-06-04

Date

Daytime Phone #