2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2006 8:00 am
Secretary of State
05-26-2006 90017 010 ****70.00

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DOCUMENT # N98000007327

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

Principal Place of Business	Mailing Address
4309 N.W. 5TH AVE FORT LAUDERDALE, FL 33309	P.O. BOX 100578 FT. LAUDERDALE, FL 33310

04102006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
700 S. W 79 Av.	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
N. Lauderdale	
City & State Fla 33068	City & State
Zip / Country Broward	Zip / Country

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	7. Name and Address of New Registered Agent
FLEURIMA, CLAROBERT 4309 N.W. 5TH AVE FORT LAUDERDALE, FL 33309	Name: Lemieux Pierre B. Street Address (P.O. Box Number is Not Acceptable): 700 S. W 79 Avenue City: N. Lauderdale Fl. 33068 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 [signature] 5-20/06
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 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD ALCIUS, RENAUD 101 NE 20 STREET POMPANO BEACH, FL 33060	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD ALBANIO, ROBERT 1507 NW 11 CIRCLES APT. #62 POMPANO BEACH, FL 33069	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD EXCEUS, RENAL 17690 NE 6 AVE MIAMI, FL 33162	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD EXCEUS, FLOBERT 590 NW 116 STREET MIAMI, FL 33168	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC LEMIEUX, PIERRE B 79405 SW 10 STREET APT.#4 POMPANO BEACH, FL 33068	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CLAROBERT, FLEURIMA 4309 NW 5TH AVENUE FORT LAUDERDALE, FL 33309	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☑ Change ☐ 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 [signature] 5/20/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #