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ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P02000094112

1. Entity Name K & Z BUILDERS, INC.



FILED May 03, 2004 08:00 AM Secretary of State

CR2E034 (10/03)

Applied For

Principal Place of Business

1001 NE 27TH TERRACE POMPANO BEACH, FL 33062 Mailing Address

1001 NE 27TH TERRACE POMPANO BEACH, FL 33062

No Chg-P

02032004

4. FEI Number

				86-0568377			Not Applicable
				5. Certificate of Status	Desired	\$8.75 Fee Req	Additional
	Name and Address of Current Regis	ntered Agent			*************************		
SALAMON, EDMA 1001 NE 27TH TERRACE POMPANO BEACH, FL 33062			DO NOT WRITE IN THIS SPACE				
The above the obligation SIGNATURE.	e named entity submits this statement for the plicons of registered agent. Signature, typed or printed name of registered agent and title		ed office or registe		State of Florida, I ar		vith, and accept
After M	E NOW!!! FEE IS \$150.00 by 1, 2004 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.		.00 May Be led to Fees	U00000152	985	
10.	OFFICERS AND DIRE	CTORS			/04/04-801	08-009	158.75
THILE MAME STREET ADDRESS CITY-ST-ZIP	P SALAHON, EDMA 1001 NE 27TH TERR POMPANO BEACH, FL 33062						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KHALIL, NABIL 1001 NE 27TH TERR POMPANO BEACH, FL 33062		7 (100 m) 1 (100 m)		and the second		Mill The man is communities, an
TITLE NAME STREET ADDRESS CITY-ST-ZIP			ABOUT BEING	DO NO	T WRIT	E	
TITLE				IN THE	S SPAC	E	

12. I hereby certify that the information supplied with this filling 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 shell 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

NAME STREET ADDRESS CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

124/04 954-727-70