


FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90041 037 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000052877 1. Entity Name KBX LUGGAGE N LEATHERS INC.	
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Principal Place of Business 5800 HOLLYWOOD BLVD HOLLYWOOD, FL 33021	Mailing Address 11289 S.W. 17TH CT., MIRAMAR, FL 33025
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60000264



2. Principal Place of Business 2201 49TH STREET SO. Suite, Apt. #, etc.	3. Mailing Address 11289 S.W. 17th Ct Suite, Apt. #, etc.
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01032006 Chg-P CR2E034 (11/05)

City & State Gulfport FL	City & State Miramar FL	4. FEI Number 30-0173561	Applied For Not Applicable
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Zip 33707	Country	Zip 33025	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BUX, KHUDA 11289 S.W. 17TH CT., MIRAMAR, FL 33025	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
(By which typed or printed name of registered agent and filer's job title. (NOTE: Registered agent's signature is required for all filings.)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN :	
TITLE VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BUX, FARHAT BUX		NAME	
STREET ADDRESS 11289 S.W. 17TH CT.,		STREET ADDRESS	
CITY- ST- ZIP MIRAMAR, FL 33025		CITY- ST- ZIP	
TITLE P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BUX, NIGHAM		NAME	
STREET ADDRESS 11289 S.W. 17TH CT.,		STREET ADDRESS	
CITY- ST- ZIP MIRAMAR, FL 33025		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE P. S. T.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME BUX, KHUDA	
STREET ADDRESS		STREET ADDRESS 11289 S.W. 17th Ct.	
CITY- ST- ZIP		CITY- ST- ZIP MIRAMAR, FL 33025	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	

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 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: *Matthew Matthews* 1-3-2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Year