

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000049699

1. Entity Name
KB3 ENTERPRISES INC.



FILED
Sep 12, 2008 08:00 AM
Secretary of State

Principal Place of Business
13384 SW 43RD STREET
DAVIE, FL 33330

Mailing Address
13384 SW 43RD STREET
DAVIE, FL 33330



06292008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0893149

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BABERIO, STEVE
13384 SW 43RD STREET
DAVIE, FL 33330

**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.

U000000959634

09/12/08-80004-018 150.00

SIGNATURE

Signature: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when recasting)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BABERIO, KATHY
13384 SW 43RD STREET
DAVIE, FL 33330

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
BABERIO, KRISTOPHER
13384 SW 43RD STREET
DAVIE, FL 33330

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TR
BABERIO, STEVE
13384 SW 43RD STREET
DAVIE, FL 33330

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #