
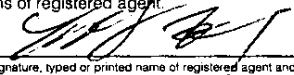
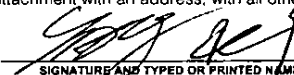


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90027 005 ***150.00

DOCUMENT # P03000071666 1. Entity Name NCBR CORPORATION					
Principal Place of Business 850 IVES DAIRY ROAD T-2 MIAMI, FL 33179			Mailing Address. 850 IVES DAIRY ROAD T-2 MIAMI, FL 33179		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1194346	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KONG, JOANNE C 850 IVES DAIRY RD., T-2 MIAMI, FL 33179				Name FEI YANG Street Address (P.O. Box Number is Not Acceptable) 850 IVES DAIRY ROAD, T2 City MIAMI	
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.				Zip Code FL 33179	
SIGNATURE  FEI YANG				DATE 3/1/2008	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				\$8.75 Additional Fee Required	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME YANG, FEI STREET ADDRESS 850 IVES DAIRY ROAD, T-2 CITY-ST-ZIP MIAMI, FL 33179	<input type="checkbox"/> Delete		TITLE PDST NAME YANG, FEI STREET ADDRESS 850 IVES DAIRY RD, T-2 CITY-ST-ZIP MIAMI, FL 33179	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DST NAME KONG, JOANNE C STREET ADDRESS 850 IVES DAIRY ROAD, T-2 CITY-ST-ZIP MIAMI, FL 33179	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:  FEI YANG					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 3/1/2008					
Daytime Phone # 305-651-4898					