

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000045173

Entity Name: K.B.R. INC.

FILED  
Mar 22, 2005  
Secretary of State

## Current Principal Place of Business:

9533 S.DIXIE HWY  
SOUTH MIAMI, FL 33156 US

## New Principal Place of Business:

## Current Mailing Address:

9533 S.DIXIE HWY  
MIAMI, FL 33156

## New Mailing Address:

FEI Number: 65-0502304

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KIM LE T  
5040 NW 93RD DORAL PLACE  
MIAMI, FL 33178 US

## Name and Address of New Registered Agent:

MIYAKO JAPANESE RESTAURANT  
5040 NW 93RD DORAL PLACE  
MIAMI, FL 33178 US

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.

SIGNATURE: LE KIM

03/22/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete  
Name: KIM, LE T  
Address: 5040 NW 93RD DORAL PLACE  
City-St-Zip: MIAMI, FL

Title: DVP ( ) Delete  
Name: STEELE, BRETT  
Address: 9533 S DIXIE HWY  
City-St-Zip: MIAMI, FL 33156

Title: VP ( ) Delete  
Name: KIM, SUOK K  
Address: 5040 NW 93 DORAL PLACE  
City-St-Zip: MIAMI, FL 33178

Title: DVP ( ) Delete  
Name: KIM, SUNG  
Address: 7902 NW 136 ST #12  
City-St-Zip: MIAMI, FL 33166

Title: DVP ( ) Delete  
Name: KIM, MIN  
Address: 5040 NW 93 DORAL PL  
City-St-Zip: MIAMI, FL 33166

Title: DVP ( ) Delete  
Name: KIM, SAM  
Address: 7902 NW 36 ST #12  
City-St-Zip: MIAMI, FL 33166

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LE KIM

PRES

03/22/2005

Electronic Signature of Signing Officer or Director

Date