

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000024407

FILED
Apr 14, 2009
Secretary of State

Entity Name: K.B.R.S., INC.

Current Principal Place of Business:

7902 N.W. 36TH STREET
SUITE 12
MIAMI, FL 33166 US

New Principal Place of Business:

9425 N.W. 54 DORAL CIRCLE LANE
DORAL, FL 33178

Current Mailing Address:

9425 N.W. 54 DORAL CIRCLE LANE
MIAMI, FL 33178

New Mailing Address:

FEI Number: 65-0741295 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LE THI HIEN KIM
5040 N.W. 93 DORAL PLACE
MIAMI, FL 33178 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: LE THI HIEN KIM
Address: 5040 N.W. 93 DORAL PLACE
City-St-Zip: MIAMI, FL 33178

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

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

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

Title: VP () Delete
Name: SUOK, KIM
Address: 9425 SW 54 TERRACE
City-St-Zip: MIAMI, FL 33178

Title: () Delete
Name:
Address:
City-St-Zip:

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: AVP () Change (X) Addition
Name: KIM, GLENIS
Address: 9425 NW 54TH DORAL TERR
City-St-Zip: DORAL, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date