


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 09, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P0000039875**  
 1. Entity Name  
**FIVE BROTHERS INVESTMENTS CORPORATION**



Principal Place of Business \_\_\_\_\_ Mailing Address \_\_\_\_\_  
**RUA CORONEL BENTO NORONHA, NO. 153 P O BOX 43-0456**  
**SAO PAULO, BRASIL, S MIAMI, FL 33243-0456**

**DO NOT WRITE IN THIS SPACE**



01212005 No Chg-P CR2E034 (10/03)

4. FEI Number **65-1005188** Applied For  Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**B & C CORPORATE SERVICES, INC.**  
**201 S. BISCAYNE BLVD.**  
**SUITE 3000**  
**MIAMI, FL 33131**

**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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VAREJAO FONTOURA, THIAGO RUA CORONEL BENTO NORONHA, NO. 153 SAO PAULO, BRASIL,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SANTOS DA FONTOURA, FERNANDO RUA CORONEL BENTO NORONHA, NO. 153 SAO PAULO, BRASIL,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SANTOS DA FONTOURA, MARIA L RUA CORONEL BENTO NORONHA, NO. 153 SAO PAULO, BRASIL,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AST HERNANDEZ, IRENE V RUA CORONEL BENTO NORONHA, NO. 153 SAO PAULO, BRASIL,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Nevo Hernandez* **3/7/05 305-790-5228**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #