

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000001730

FILED  
Apr 15, 2006  
Secretary of State

Entity Name: IKI BROTHERS CORPORATION

## Current Principal Place of Business:

21382 MARINA COVE CIRCLE  
SUITE 17D  
AVENTURA, FL 33180

## New Principal Place of Business:

## Current Mailing Address:

21382 MARINA COVE CIRCLE  
SUITE 17D  
AVENTURA, FL 33180

## New Mailing Address:

FEI Number: 65-0409526      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EFRAIM, ISAC  
21382 MARINA COVE CIRCLE  
SUITE 17D  
AVENTURA, FL 33180 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: DP ( ) Delete  
Name: EFRAIM, ISAC  
Address: 21382 MARINA COVE CIRCLE - SUITE 17D  
City-St-Zip: AVENTURA, FL 33180

Title: DV ( ) Delete  
Name: EFRAIM, AMIR NICIM  
Address: RUA DR AFONSO OLIVEIRA 50  
City-St-Zip: SAN PAULO, BR

Title: DS ( ) Delete  
Name: EFRAIM, DAVID  
Address: RUA DR AFONSO OLIVEIRA 50  
City-St-Zip: SAN PAULO, BR

## 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:

I hereby certify that the information supplied with this filing does not qualify for the 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: ISAC EFRAIM

PD

04/15/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date