

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000001730

FILED
Apr 30, 2009
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 AFOSNO 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: DV (X) Change () Addition
Name: EFRAIM, AMIR NICIM
Address: RUA DR AFOSNO OLIVEIRA 50
City-St-Zip: SAO PAULO, BR

Title: DS (X) Change () Addition
Name: EFRAIM, DAVID
Address: RUA DR AFONSO OLIVEIRA 50
City-St-Zip: SAO PAULO, BR

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: ISAC EFRAIM

Electronic Signature of Signing Officer or Director

PRES

04/30/2009

_____ Date