

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000039875

**FILED**  
**Jan 12, 2018**  
**Secretary of State**  
**CC0738000128**

**Entity Name:** FIVE BROTHERS INVESTMENTS CORPORATION

**Current Principal Place of Business:**

110 MERRICK WAY  
3B  
CORAL GABLES, FL 33134

**Current Mailing Address:**

P O BOX 43-0456  
S MIAMI, FL 33243-0456

**FEI Number:** 65-1005188

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HERNANDEZ, IRENE MRS.  
110 MERRICK WAY  
3B  
CORAL GABLES, FL 33134 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name SANTOS DA FONTOURA, FERNANDO  
Address RUA PADRE GARCIA VELHO, 73 - 5  
ANDAR - CJ.  
City-State-Zip: PINHEIROS, SAO PAULO BRASI-L

Title PD  
Name SANTOS DA FONTOURA, FERNANDO  
Address RUA PADRE GARCIA VELHO, 73 - 5  
ANDAR - CJ  
City-State-Zip: PINHEIROS, SAO PAULO BRASI-L

Title VPD  
Name SANTOS DA FONTOURA, MARIA L  
Address RUA PADRE GARCIA VELHO, 73 - 5  
ANDAR - CJ.  
PINHEIRO  
City-State-Zip: SAO PAULO SP

Title VPS  
Name HERNANDEZ, IRENE V  
Address P O BOX 43-0456  
City-State-Zip: S MIAMI FL 33243-0456

Title VPD  
Name FONTOURA, ABILIO MR  
Address RUA PADRE GARCIA VELHO, 73 - 5  
ANDAR - CJ.  
PINHEIRO  
City-State-Zip: SAO PAULO SP

*I hereby 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 all other like empowered.*

**SIGNATURE:** IRENE HERNANDEZ

**VPS**

**01/12/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date