2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007655

Entity Name: MY BROTHERS, INC.

FILED Mar 17, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

10516 SW 74 LN 15024 SW 57 ST MIAMI, FL 33173 15024 SW 57 ST MIAMI, FL 33193

Current Mailing Address: New Mailing Address:

8770 SUNSET DR P.O BOX #336 MIAMI, FL 33173

FEI Number: 30-0119496 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

DOMINGUEZ, LUIS E
10516 SW 74 LN.
MIAMI, FL 33173 US

DOMINGUEZ, LUIS E
15024 SW 57 ST
MIAMI, FL 33193 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: LUIS E DOMINGUEZ 03/17/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition

 Name:
 RAMON, VELOZ
 Name:

 Address:
 991 NW 106TH AVE. CIR.
 Address:

 City-St-Zip:
 MIAMI, FL 33172
 City-St-Zip:

Title: VD () Delete Title: () Change () Addition

 Name:
 VELOZ, MIRIAM
 Name:

 Address:
 402 NW 87 AVE.
 Address:

 City-St-Zip:
 MIAMI, FL 33172
 City-St-Zip:

Title: STD () Delete Title: STD (X) Change () Addition

 Name:
 DOMINGUEZ, LUIS E
 Name:
 DOMINGUEZ, LUIS E

 Address:
 10516 SW 74 LANE
 Address:
 15024 SW 57 ST

 City-St-Zip:
 MIAMI, FL 33173
 City-St-Zip:
 MIAMI, FL 33193

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS E DOMINGUEZ STD 03/17/2007