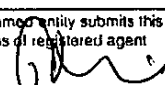
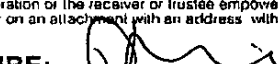


FILED  
May 05, 2005 8:00 am  
Secretary of State

05-05-2005 90106 002 \*\*\*150.00

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

50049249

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| DOCUMENT # P00000027771                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                     |  |
| 1. Entity Name<br>BROBUS INTERNATIONAL, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                      |  |
| Principal Place of Business<br>1171 S LANE AVENUE<br># 205<br>JACKSONVILLE, FL 32205                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Mailing Address<br>PO BOX 551556<br>JACKSONVILLE, FL 32255-1556                                                                                                                      |  |
| 2. Principal Place of Business<br>2514 OAKVIEW DRIVE<br>Suite Apt # etc<br>JACKSONVILLE FL<br>City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 3. Mailing Address<br>Suite Apt #, etc<br>City & State                                                                                                                               |  |
| Zip<br>32246                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Country<br>FL                                                                                                                                                                        |  |
| 4. FEI Number<br>59-3632345                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Applied For<br>Not Applicable                                                                                                                                                        |  |
| 5. Certificate of Status Desired<br><input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Chg-P CR2E034 (10/03)                                                                                                                                                                |  |
| 6. Name and Address of Current Registered Agent<br>HALPERIN, TAMIR<br>2514 OAKVIEW DR<br>JACKSONVILLE, FL 32246                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 7. Name and Address of New Registered Agent<br>Name TAMIR HALPERIN<br>Street Address (P O Box Number is Not Acceptable)<br>2514 OAKVIEW DRIVE<br>City JACKSONVILLE FL Zip Code 32246 |  |
| 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.<br>SIGNATURE  DATE 4/28/05<br><small>Signature (Typed or printed name of registered agent and title of applicant) (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                      |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2005 Fee will be \$550.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                                                                       |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP<br>D<br>HALPERIN, TAMIR<br>1171 S LANE AVE # 205<br>JACKSONVILLE, FL 32205                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP<br><input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP<br><input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP<br><input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP<br><input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP<br><input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP<br><input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition                                |  |
| 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.<br>SIGNATURE:  DATE 4/28/05 904 4762230<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> |  |                                                                                                                                                                                      |  |