

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000039875**

1. Entity Name  
**FIVE BROTHERS INVESTMENTS CORPORATION**



Principal Place of Business  
**8372 NW 64 ST  
MIAMI, FL 33166**

Mailing Address  
**P O BOX 43-0456  
S MIAMI, FL 33243-0456**



01312008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1005188</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**HERNANDEZ, IRENE MRS.  
8378 NW 64 STREET  
MIAMI, FL 33166**

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VAREJAO FONTOURA, THIAGO RUA CORONEL BENTO NORONHA, NO. 153 SAO PAULO,, SP BRASIL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SANTOS DA FONTOURA, FERNANDO RUA CORONEL BENTO NORONHA, NO. 153 SAO PAULO,, SP BRASIL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SANTOS DA FONTOURA, MARIA L RUA CORONEL BENTO NORONHA, NO. 153 SAO PAULO,, SP BRASIL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST HERNANDEZ, IRENE V 8378 NW 64 STREET MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FONTOURA, ABILIO MR RUA CORONEL BENTO NORONHA, NO. 153 SAO PAULO,, SP BRASIL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000817598  
02/15/08-80009-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

**SIGNATURE:** *Irene V. Hernandez* **IRENE V. HERNANDEZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JANUARY 31, 2008** **(305) 773-5628**

Date

Daytime Phone #