2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 14, 2005 08:00 AM DOCUMENT # P01000034224 **Secretary of State** 1. Entity Name BIG BROTHER CORPORATION Principal Place of Business Mailing Address 4405 NORTHWEST 97TH AVENUE 4405 NORTHWEST 97TH AVENUE MIAMI, FL 33178 MIAMI, FL 33178 02102005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied Fo 65-1099794 Not Applic \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RUBIN, MICHAEL A ESQ. DO NOT WRITE 420 SO. DIXIE HWY., STE. \$4B CORAL GABLES, FL 33146 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 account of the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME TRUJILLO, NICOLAS F HIHUUN223083 STREET ADDRESS 4405 NORTHWEST 97TH AVENUE 02/14/05-80067-AOI 150.00 CITY-ST-ZIP MIAMI, FL 33178 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informati 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 direct 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

102.11.05

305-594-4445