
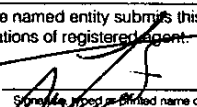



2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000045131 1. Entity Name FIRST BROTHERS CORP.																											
Principal Place of Business 1133 S UNIVERSITY DR STE 202 PLANTATION, FL 33324		Mailing Address 1133 S UNIVERSITY DR STE 202 PLANTATION, FL 33324																									
2. Principal Place of Business 1401 New 31st Ave Suite, Apt. #, etc.		3. Mailing Address 1401 New 31st Ave Suite, Apt. #, etc.																									
City & State Fort Lauderdale FL		City & State Fort Lauderdale FL																									
Zip 33311		Zip 33311																									
Country Canada		Country Canada																									
4. FEI Number 65-1101036		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent DAHSHEH, HANAN 1133 S UNIVERSITY DR STE 202 PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name ALJEZARLY, JAMAL Street Address (P.O. Box Number is Not Acceptable) 3617 Palm Beach Blvd City Fort Myers FL Zip Code 33916-3723																									
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  DATE 03-14-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>																											
FILE NOW!!! FEE IS \$900.00																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DAHSHEH, HANAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1133 S UNIVERSITY DR STE 202</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PLANTATION, FL 33324</td> <td></td> </tr> </table>		TITLE	NAME	<input type="checkbox"/> Delete	NAME	DAHSHEH, HANAN		STREET ADDRESS	1133 S UNIVERSITY DR STE 202		CITY-ST-ZIP	PLANTATION, FL 33324		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>President</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>ALJEZARLY, JAMAL</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>3617 Palm Beach Blvd Fort Myers FL 33916-3723</td> <td></td> </tr> </table>		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	President		STREET ADDRESS	ALJEZARLY, JAMAL		CITY-ST-ZIP	3617 Palm Beach Blvd Fort Myers FL 33916-3723	
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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 another like empowered.																											
SIGNATURE: 		Date 03-14-05 Daytime Phone # (954) 731-0931																									