

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000081749

Entity Name: EIGHT BROTHERS, INC.

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

6209 NW 78 MANNOR
PARKLAND, FL 33067 US

New Principal Place of Business:

Current Mailing Address:

6209 NW 78 MANNOR
PARKLAND, FL 33067 US

New Mailing Address:

FEI Number: 65-1252597

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABRAHAM, SAJI
6209 NW 78 MANNOR
PARKLAND, FL 33067 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JACOB, SAM
Address: 6209 NW 78 MANNOR
City-St-Zip: PARKLAND, FL 33067 US

Title: VP () Delete
Name: GEORGE, PHILIP P
Address: 6209 NW 78 MANNOR
City-St-Zip: PARKLAND, FL 33067 US

Title: DIR () Delete
Name: TITUS, THOMAS
Address: 6209 NW 78 MANNOR
City-St-Zip: PARKLAND, FL 33067 US

Title: DIR () Delete
Name: MATHEW, GEORGE
Address: 6209 NW 78 MANNOR
City-St-Zip: PARKLAND, FL 33067 US

Title: DIR () Delete
Name: PHILIP, MATHAI
Address: 6209 NW 78 MANNOR
City-St-Zip: PARKLAND, FL 33067 US

Title: DIR () Delete
Name: KORAH, MAMMEN
Address: 6209 NW 78 MANNOR
City-St-Zip: PARKLAND, FL 33067 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAMMEN KORAH

D

04/30/2008

Electronic Signature of Signing Officer or Director

Date