


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P07000089747 1. Entity Name FIVE BROTHERS REAL ESTATE CORPORATION	
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Principal Place of Business 8372 NW 64TH STREET MIAMI, FL 33166 US	Mailing Address P.O. BOX 43-0456 SOUTH MIAMI, FL 33243 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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01312008 Chg-P CR2E034 (12/06)

City & State	City & State
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4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HERNANDEZ, IRENE V 8378 NW 64TH STREET MIAMI, FL 33166	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD FONTOURA, THIAGO V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUA CORONEL BENTO NORONHA, NO.153	NAME	U00000817536
STREET ADDRESS	SAO PAULO, BRASIL, N/ N/A	STREET ADDRESS	02/15/08-80009-010 150.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VPD FONTOURA, ABILIO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUA CORONEL BENTO NORONHA, NO.153	NAME	
STREET ADDRESS	SAO PAULO, BRASIL, N/ N/A	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VPD SANTOS DA FONTOURA, FERNANDO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUA CORONEL BENTO NORONHA, NO.153	NAME	
STREET ADDRESS	SAO PAULO, BRASIL, N/ N/A	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	ST HERNANDEZ, IRENE V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8378 NW 64TH STREET	NAME	
STREET ADDRESS	MIAMI, FL 33166	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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** FEBRUARY 1, 2008 (305) 773-5628

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #