

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000005568

Entity Name: HELP YOUR BROTHERS, CORP.**Current Principal Place of Business:**1300 PONCE DE LEON BLVD
903
CORAL GABLES, FL 33134**Current Mailing Address:**1300 PONCE DE LEON BLVD
903
CORAL GABLES, FL 33134**FEI Number:** 47-1175381**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENTS INC
3030 N. ROCKY POINT DR.
STE 150A
TAMPA, FL 33607 US*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

Officer/Director Detail :

Title	VP
Name	KAYEMBE, IRENE M
Address	30 AVENUE MARIE-ANGE LUKIANA, C/GOMBE
City-State-Zip:	KINSHASA KI D.R.C-ONGO

Title	DIRE
Name	NGBONGA, JONATHAN G
Address	6 DONORE COURT, 2 INDIAN ROAD, KENILWORTH
City-State-Zip:	CAPETOWN CT 7708

Title	PT
Name	MASANGU, JOYCE N
Address	1300 PONCE DE LEON BLVD #903
City-State-Zip:	CORAL GABLES FL 33134

Title	S
Name	KABONGO DEANCE, MBAYA
Address	929M AVE DES PINS Q/BEL-AIR LUBUMBASHI
City-State-Zip:	KATANGA, D.R. CONGO XX

Title	DIRE
Name	MUYUMBA FAILA, EUNICE
Address	33B AVENUE BENSEKE, C/NGALIEMA Q/JOLI-PARC
City-State-Zip:	KINSHASA, KINSHASA DR CONGO XX

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOYCE N. MASANGU**PRESIDENT****01/09/2015**

Electronic Signature of Signing Officer/Director Detail

Date