

2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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

Title DIRE
Name KAZADI BINDINGISHA, RONALD
Address 27 CHASSE DES PRES
City-State-Zip: QUAREGNON HAINAUT 7390

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

01/27/2015

Electronic Signature of Signing Officer/Director Detail

Date