

**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