

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 180523**

1. Entity Name  
**CURCIE BROTHERS, INC.**



Principal Place of Business  
**C/O GIBRALTAR BANK  
220 ALHAMBRA CIRCLE, #800  
CORAL GABLES, FL 33134-5101 US**

Mailing Address  
**C/O GIBRALTAR BANK  
220 ALHAMBRA CIRCLE, #800  
CORAL GABLES, FL 33134-5101 US**



07022004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-0721777** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**HILL, MICHAEL W  
C/O GIBRALTAR BANK  
220 ALHAMBRA CIRCLE, #800  
CORAL GABLES, FL 33134-5101**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE **PD**  
NAME **MOMPIE, ROSE**  
STREET ADDRESS **1048 S.W. 2ND STREET**  
CITY- ST- ZIP **HALLANDALE, FL 33009**

TITLE **TS**  
NAME **HILL, MICHAEL W**  
STREET ADDRESS **220 ALHAMBRA CIRCLE, #800**  
CITY- ST- ZIP **CORAL GABLES, FL 33134**

TITLE  
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STREET ADDRESS  
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07/12/04-80029-003 550.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 another like empowered.

SIGNATURE: \_\_\_\_\_ **7/2/04 305-476-5612**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #