

FILED  
May 02, 2005 08:00 AM  
Secretary of State

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # N29730

1. Entity Name  
ANTONIO MACEO BRIGADE, INCORPORATED



Principal Place of Business  
% IRA J. KURBAN  
2650 S.W. 27TH AVENUE, SECOND FLOOR  
MIAMI, FL 33133

Mailing Address  
% IRA J. KURBAN  
2650 S.W. 27TH AVENUE, SECOND FLOOR  
MIAMI, FL 33133



04292005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3008081	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

KURBAN, IRA J.  
2650 S.W. 27TH AVENUE  
SECOND FLOOR  
MIAMI, FL 33133

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIGUEL, GRODOY 28 NE 54 ST MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMEZ, ANDRES 28 N.E. 54TH STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEDROSO, JOAQUIN 28 NE 54 ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000358571  
05/04/05-80119-017 61.25

**DO NOT WRITE  
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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

*Andrés Gómez* April 29, 2005 305-757-3119