

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	
DO NOT WRITE IN THIS SPACE		
 04292005 No Chg-NP CR2E037 (10/03)		
4. FEI Number 59-3008081		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
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 _____ <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DO NOT WRITE IN THIS SPACE U00000358571 05/04/05-80119-017 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>A Gomez</i> <i>Andrés Gómez</i>		Date: <i>April 29, 2005</i> Daytime Phone #: <i>305-757-3119</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>