


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Aug 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000042224
1. Entity Name
BRUCARO CORP.



Principal Place of Business 20202 NE 15TH CT NO MIAMI BEACH, FL 33179 US	Mailing Address 20202 NE 15TH CT NO MIAMI BEACH, FL 33179 US
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DO NOT WRITE IN THIS SPACE



07082004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0513485	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SINGER, BERNARD A
4700 SHERIDAN STREET SUITE B
HOLLYWOOD, FL 33021

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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.

U00000170590
08/23/04-80002-005 550.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRAYSON, BRUCE 19221 NE 20 COURT NO MIAMI BEACH, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRAYSON, CAROL 19221 NE 20 COURT NO MIAMI BEACH, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M NIKOLE, DONATH 19521 NE 19 CT MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRAYSON, DAWN 1075 NE MIAMI GARDENS DR. #802W MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(5)(j), 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 all other like empowered.

SIGNATURE: Dawn Grayson 7/9/04 3056531974
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #