


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2006 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 16TH CT NO MIAMI BEACH FL 33179 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent SINGER, BERNARD A 4700 SHERIDAN STREET SUITE B HOLLYWOOD FL 33021				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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					



1st MOORE CR2E034 (10/05)

4. FEI Number **65-0513485** Applied For Not Applicable

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	GRAYSON, BRUCE			NAME	1100000482757		
STREET ADDRESS	19221 NE 20 COURT			STREET ADDRESS	03/21/06-80048-010 150.00		
CITY-ST-ZIP	NO MIAMI BEACH FL 33179			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	GRAYSON, CAROL			NAME			
STREET ADDRESS	19221 NE 20 COURT			STREET ADDRESS			
CITY-ST-ZIP	NO MIAMI BEACH FL 33179			CITY-ST-ZIP			
TITLE	M	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	NIKOLE, DONATH			NAME			
STREET ADDRESS	19521 NE 19 CT			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33179			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	GRAYSON, DAWN			NAME			
STREET ADDRESS	1075 NE MIAMI GARDENS DR. #802W			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33179			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 3/8/06 305-653-974