


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90075 043 \*\*\*150.00

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**



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0513485	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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	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 exemptions contained in Chapter 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 title empowered.

SIGNATURE: Carol Grayson Date: 1-15-07 305 653 1974  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone