

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 271376

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: BRUSA, INC.

## Current Principal Place of Business:

1401 N.W. NORTH RIVER DRIVE  
(POST OFFICE BOX 14-1156)  
CORAL GABLES, FL 33114

## New Principal Place of Business:

1401 N.W. NORTH RIVER DRIVE  
CORAL GABLES, FL 33114

## Current Mailing Address:

1401 N.W. NORTH RIVER DRIVE  
(POST OFFICE BOX 14-1156)  
CORAL GABLES, FL 33114

## New Mailing Address:

PO BOX 14-1156  
CORAL GABLES, FL 331141156

FEI Number: 59-1118650

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, OAKLEY G.  
2535 SHELTER AVE.  
MIAMI BEACH, FL 33140

## Name and Address of New Registered Agent:

SMITH, OAKLEY G.  
2535 SHELTER AVE.  
MIAMI BEACH, FL 33140

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.

SIGNATURE: OAKLEY G. SMITH

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVS ( ) Delete  
Name: SMITH, OAKLEY G.,  
Address: 2535 SHELTER AVENUE  
City-St-Zip: MIAMI BEACH, FL

Title: D ( ) Delete  
Name: SMITH, OAKLEY G.,  
Address: 2535 SHELTER AVENUE  
City-St-Zip: MIAMI BEACH, FL

Title: AS ( ) Delete  
Name: FORMAN, MAX,  
Address: 1501 LEJEUNE ROAD  
City-St-Zip: CORAL GABLES, FL

Title: AVP2 ( ) Delete  
Name: SMITH, CAMPBELL A  
Address: 2535 SHELTER AVE  
City-St-Zip: MIAMI BEACH, FL 33140

Title: AVP ( ) Delete  
Name: SMITH, OAKLEY J  
Address: 2535 SHELTER AVE  
City-St-Zip: MIAMI BCH, FL 33140

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OAKLEY G. SMITH

P

04/30/2004

Electronic Signature of Signing Officer or Director

Date