

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90049 050 ***150.00

DOCUMENT # 431772



1. Entity Name
BRUCE TRAVEL, INC.

Principal Place of Business Mailing Address
1845 E. HALLANDALE BCH BLVD. **1845 E. HALLANDALE BCH BLVD.**
HALLANDALE, FL 33009 US **HALLANDALE, FL 33009 US**

50004275



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

03072006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-1646697 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COSSIN, GARY
10115 SW 13ST #101
2511 AMBASSADOR AVE
COOPER CITY, FL 33026

Name
 Street Address (P.O. Box Number is Not Acceptable)
1845 E HALLANDALE BCH BLVD
 City *HALLANDALE FL* **FL** Zip Code *33009*

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 *[Signature]* DATE *3/9/06*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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 SD Delete
 NAME **COSSIN, IRENE**
 STREET ADDRESS **1642 SW 148 TERRACE**
 CITY-ST-ZIP **PEMBROKE PINES, FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD Delete
 NAME **HARRIS, NORMA**
 STREET ADDRESS **12900 S.W. 13 ST., #201**
 CITY-ST-ZIP **HOLLYWOOD, FL 33027**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE P Delete
 NAME **COSSIN, GARY**
 STREET ADDRESS **2511 AMBASSADOR AVE**
 CITY-ST-ZIP **COOPER CITY, FL 33026**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 like empowered.

SIGNATURE: *[Signature]* **GARY COSSIN** Date *3/9/06* Daytime Phone # *904 436 2400*