

# 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  
**1845 E. HALLANDALE BCH BLVD.  
HALLANDALE, FL 33009 US**

Mailing Address  
**1845 E. HALLANDALE BCH BLVD.  
HALLANDALE, FL 33009 US**

**50004275**



03072006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-1646697**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when revalidating)

**3/9/06**

DATE

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
SD  
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 ☐ Delete  
NAME  
P  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GARY COSSIN**

Date

**3/9/06**

Daytime Phone #

**904 436 2400**