


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90178 040 ***150.00

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|---------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # 431772 |  |
| 1. Entity Name BRUCE TRAVEL, INC. | |

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

DO NOT WRITE IN THIS SPACE



03232007 No Chg-P CR2E034 (11/05)

| | |
|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number 59-1646697 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

COSSIN, GARY
1845 E. HALLANDALE BCH. BLVD
HALLANDALE, FL 33009

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IN THIS SPACE**

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 _____

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 | SD COSSIN, IRENE 1642 SW 148 TERRACE PEMBROKE PINES, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD HARRIS, NORMA 12900 S.W. 13 ST., #201 HOLLYWOOD, FL 33027 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P COSSIN, GARY 2511 AMBASSADOR AVE COOPER CITY, FL 33026 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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IN THIS SPACE**

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:  **4/17/07** **954-456-2400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #