


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 08:00 A
Secretary of State

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
--	--



04122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1646697	Applied For 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

DO NOT WRITE 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 _____ DATE _____

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	

U00000903692
04/30/08-80055-024 150.00

DO NOT WRITE 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: GARY COSSIN Date: 4/14/08 Daytime Phone #: 954-456-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR