

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 431772

Entity Name: BRUCE TRAVEL, INC.

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1646697 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: COSSIN, IRENE
Address: 1642 SW 148 TERRACE
City-St-Zip: PEMBROKE PINES, FL

Title: SD () Delete
Name: HARRIS, NORMA
Address: 12900 S.W. 13 ST., #201
City-St-Zip: HOLLYWOOD, FL 33027

Title: P () Delete
Name: COSSIN, GARY
Address: 2511 AMBASSADOR AVE
City-St-Zip: COOPER CITY, FL 33026

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GARY COSSIN

D

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date