

# 2006 FIDELITY CORPORATION ANNUAL REPORT

**DOCUMENT # K75998**

1. Entity Name  
**BRUCON CORPORATION**



**FILED**  
**Jan 10, 2006 08:00 AM**  
**Secretary of State**

Principal Place of Business  
**6478 N.W. 63 WAY  
PARKLAND, FL 33067**

Mailing Address  
**6478 N.W. 63 WAY  
PARKLAND, FL 33067**



01052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0111683**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**LA GALA, BRUNO  
6478 N.W. 63 WAY  
PARKLAND, FL 33067**

**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

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

(NOTE: Registered Agent signature required when reinstating)

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**

**000000381004  
01/11/06-80036-014 150.00**

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DP  
LA GALA, BRUNO  
6478 N.W. 63 WAY  
PARKLAND, FL 33067**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DST  
LA GALA, CONNIE  
6478 N.W. 63 WAY  
PARKLAND, FL 33067**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**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:**

*Bruno La Gala* **BRUNO LA GALA PRES. 1-7-06**

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date

Signature Phrase #