2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 02, 2004 08:00 AM DOCUMENT # L01039 **Secretary of State** 1. Entity Name JOSEPH A. BRUNO, INC. Principal Place of Business Mailing Address 27 CARDINAL LANE 670 WHITE PLAINS RD NORTH KEY LARGO FL 33037 US STE 110 SCARSDALE NY 10583 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 65-0454485 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRUNO, JOSEPH A. Street Address (P.O. Box Number is Not Acceptable) 27 CARDINAL LANE KEY LARGO FL 33037 Zip Code City 8. The above pamed 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 registered agent. the obligations of SIGNATURE youd or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN U OFFICERS AND DIRECTORS 10. 11. PSD TITLE Delete TITLE ☐ Change BRUNO, JOSEPH A. NAME MAME 27 CARDINAL LANE STREET ADDRESS STREET ADDRESS KEY LARGO, FL 33037 CITY-ST-ZIE CITY-ST-ZIP Delete TITLE ☐ Change Addition 02/04/04-90022-002 150,00 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITE F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

Joseph A BRUND

SIGNATURE: