2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000088726

CITY-ST-ZIP MLE NAME STREET ADDRESS

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZIP

JOHN BRUNO TRANSPORT, INC.



Mailing Address

5494 NW 106TH DRIVE POMPANO BEACH, FL 33076

Principal Place of Business

5494 NW 106TH DRIVE POMPANO BEACH, FL 33076

FILED Jan 29, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE				01172007 140 Olig-1 Olizzoo- (11100)					
				4. FEI Number 65-1039410			-	Applied For Not Applicable	
					Status Desired			5 Additional aquired	
	5. Name and Address of Current Regist	lered Agent	o . o.		4 **	~		· · ·	
	OHN 106TH DRIVE D BEACH, FL 33076		DO NOT WRITE IN THIS SPACE						
	named entity submits this statement for the plions of registered agent. Signature, typed or proted name of registered agent and title				, in the State of Flori	ida, I ar		with, and accept	-
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financing \$5,00 May Be Trust Fund Contribution. Added to Fees			27174			-	
10. OFFICERS AND DIRECT		CTORS	,					, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRUNO, JOHN 5494 NW 106TH DRIVE CORAL SPRINGS, FL 33067				0000U 02/01/0			001 150.0	
TITLE NAME STREET ADDRESS			,			- 	- , - ;	ற்பான வைவ ழின்	

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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Ch	hapter 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 trusted empowered to execute this report as required by Chapter 607, Flori	ida Statutes, and that my name appears in Block 10 of Block 11 if
changed, or on an attachment with an address, with all other like empowered.	1 ,

SIGNATURE: 🖄

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #