

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90132 006 ***150.00



DOCUMENT # P05000035967

1. Entity Name
BRUNO'S TRANSPORT, INC.

Principal Place of Business
4901 JEFFERSON ROAD
DELRAY BEACH, FL 33445

Mailing Address
4901 JEFFERSON ROAD
DELRAY BEACH, FL 33445

DO NOT WRITE IN THIS SPACE



03212007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2475931	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TAX HOUSE CORPORATION
1261 E SAMPLE RD
POMPANO BEACH, FL 33064

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	ANTONIO SA, EMILSON
STREET ADDRESS	4901 JEFFERSON ROAD
CITY - ST - ZIP	DELRAY BEACH, FL 33445

TITLE	DV
NAME	RAULINO SA, ELIMAR A
STREET ADDRESS	4901 JEFFERSON ROAD
CITY - ST - ZIP	DELRAY BEACH, FL 33445

TITLE	
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CITY - ST - ZIP	

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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: Emilson SA EMILSON SA 03/22/07 (561) 715-1616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #