


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 20, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000041989 1. Entity Name BROCO CAPITAL CORPORATION	
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Principal Place of Business 5371 FISHER ISLAND DR FISHER ISLAND, FL 33109 US	Mailing Address C/O A.N. LICALSI 630 THIRD AVENUE 7TH FLOOR NEW YORK, NY 10017 US
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07032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 88-0304708	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GUTTENAG, SUSAN B 6404 MACLAURIN AVE TAMPA, FL 33647	DO NOT WRITE IN THIS SPACE
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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 \$550.00
Due by September 14, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GUTTENTAG, SUSAN A 6404 MACLAURIN DR TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COPELEWITZ, MINDY B 269 COGENAUGH RD COS COB, CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NEWMAN, ERIC 55 E SUPERIOR 3RD FL CHICAGO, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BROSER, DAVID J 630 THIRD AVENUE 7TH FLOOR NEW YORK, NY 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KANE, BOB 630 THIRD AVE 7TH FLOOR NEW YORK, NY 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROSER, LORI 630 THIRD AVE 7TH FLOOR NEW YORK, NY 10017

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08/20/07-80004-019 550.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/07
Date

Daytime Phone #