

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000041989**

1. Entity Name

**BROCO CAPITAL CORPORATION**



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**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**88-0304708**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GUTTENAG, SUSAN B  
6404 MACLAURIN AVE  
TAMPA FL 33647**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 rechartering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee Will Be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U000000825448
CITY-ST-ZIP	02/21/08-80009-016 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

**ROBERT J. KANE, PRES.**

Date

Daytime Phone #

**2/8/08**