

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000041989

Entity Name: BROCO CAPITAL CORPORATION

FILED
Jan 08, 2009
Secretary of State

Current Principal Place of Business:

5371 FISHER ISLAND DR
FISHER ISLAND, FL 33109 US

New Principal Place of Business:

Current Mailing Address:

C/O A.N. LICALSI
630 THIRD AVENUE 7TH FLOOR
NEW YORK, NY 10017 US

New Mailing Address:

FEI Number: 88-0304708 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: GUTTENTAG, SUSAN A
Address: 6404 MACLAURIN DR
City-St-Zip: TAMPA, FL

Title: D () Delete
Name: COPELEWITZ, MINDY B
Address: 269 COGENAUGH RD
City-St-Zip: COS COB, CT

Title: S () Delete
Name: NEWMAN, ERIC
Address: 55 E SUPERIOR 3RD FL
City-St-Zip: CHICAGO, IL

Title: DV () Delete
Name: BROSER, DAVID J
Address: 630 THIRD AVENUE 7TH FLOOR
City-St-Zip: NEW YORK, NY 10017

Title: P () Delete
Name: KANE, BOB
Address: 630 THIRD AVE 7TH FLOOR
City-St-Zip: NEW YORK, NY 10017

Title: D () Delete
Name: BROSER, LORI
Address: 630 THIRD AVE 7TH FLOOR
City-St-Zip: NEW YORK, NY 10017

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: KANE, ROBERT
Address: 630 THIRD AVE 7TH FLOOR
City-St-Zip: NEW YORK, NY 10017

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT KANE

P

01/08/2009

Electronic Signature of Signing Officer or Director

_____ Date