


P00000068303

FILED
Jun 24, 2004 8:00 am
Secretary of State

04-29-2004 90262 029 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000068303	
1. Entity Name FUSION CONCEPTS, INC.	

Principal Place of Business P.O. BOX 2464 HALLANDALE, FL 33008	Mailing Address P.O. BOX 2464 HALLANDALE, FL 33008
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66428961



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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04282004 Chg-P CR25034 (10/03)

City & State Zip	City & State Zip
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4. FEI Number 65-1023112	Applied For Not Applicable
5. Certificates of Status Desired	\$5.75 Additional Fee Required

6. Name and Address of Current Registered Agent MELAMED, ELLIOT CPA MELAMED HANDY & KARP, LLP 12000 BISCAYNE BLVD., SUITE 405 NORTH MIAMI, FL 33181	
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7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when requested)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 may be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D BUJAKY, HOWARD P.O. BOX 2484 HALLANDALE, FL 33008	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, Florida Statutes; and that my name appears in Book 10 or Book 11, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Howard Busaky 4-25-04 305-542