2004 FOR PROFIT CORPORATION

SIGNATURE

FILED **ANNUAL REPORT (AR)** Mar 15, 2004 8:00 am **DOCUMENT # P02000027479 Secretary of State** 1. Entity Name 03-15-2004 90044 047 ***150.00 FUSION PAINTING CONTRACTORS, CORP. Principal Place of Business Mailing Address 1723 NE 185 STREET, #134 1723 NE 185 STREET, #134 44017004 NORTH MIAMI BEACH FL 33179 NORTH MIAMI BEACH FL 33179 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 01-0626871 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JAURENA, MAURICIO Street Address (P.O. Box Number is Not Acceptable) 5830 NW 186 STREET #104 MIAMI FL 33015 City Zip Code 8. The above named entity submits 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 ager SIGNATUR it applicable... (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE 15 \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE TITLE Change ☐ Addition NAME JAURENA, MAURICIO E NAME STREET ADDRESS 5830 NW 186 STREET #104 STREET ADDRESS MIAMI FL 33015 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME JAURENA, MAURICIO E NAME STREET ADDRESS 330 74 ST. #06 STREET ADDRESS MIAMI BEACH FL 33141 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change DILE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not fuelly for the exemption stated in Section 119.07(3)(i), 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 tracted and changed, er en an attachment with an address as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if other like erhoowered

Daytime Phone #