2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000124864

1. Entity Name
FUSA CORP.

Principal Place of Business	Mailing Address
8278 NW 70 STREET MIAMI, FL 33166	8278 NW 70 STREET MIAMI, FL 33166

DO NOT WRITE IN THIS SPACE

07142004 No Chg-P CR2E034 (10/03)

4. FEI Number
16-1621125
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KLOMPARENS, CRAIG A
333 SW 187 TERR
PEMBROKE PINES, FL 33029

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KLOMPARENT, CRAIG A
STREET ADDRESS	333 SW 187 TER
CITY-ST-ZIP	HOLLYWOOD, FL 33029
TITLE	V
NAME	OBESO, JUAQUIN
STREET ADDRESS	8625 NW 8ST 37C
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	S
NAME	GBESO, SOAQUIA
STREET ADDRESS	8625 NW 8ST 310
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	T
NAME	KEOMPARENS, CRAIG
STREET ADDRESS	333 187 TER
CITY-ST-ZIP	HOLLYWOOD, FL 33029
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/22/04-80004-011 150.00

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: X CRAIG A. KLOMPARENS X 7/15/04 305 594-9388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #