2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006
Secretary of State

DOCUMENT# P02000124664

Entity Name: FUSA CORP.

Current Principal Place of Business:

8278 NW 70 STREET
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

8278 NW 70 STREET
MIAMI, FL 33166

New Mailing Address:

FEI Number: 16-1621125 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

KLOMPARENS, CRAIG A
1313 ST. TROPEZ CIRCLE
APT 1509
WESTON, FL 33326 US

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: CRAIG A. KLOMPARENS 04/17/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KLOMPARENS, CRAIG A
Address: 333 SW 187 TER
City-St-Zip: PEMBROKE PINES, FL 33029

Title: V ( ) Delete
Name: OBESO, JOAQUIN
Address: 8625 NW 8 ST, #310
City-St-Zip: MIAMI, FL 33126

Title: S ( ) Delete
Name: OBESO, JOAQUIN
Address: 8625 NW 8 ST, #310
City-St-Zip: MIAMI, FL 33126

Title: T ( ) Delete
Name: KLOMPARENS, CRAIG A
Address: 333 SW 187 TER
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: KLOMPARENS, CRAIG A
Address: 1313 ST. TROPEZ CIRCLE, #1509
City-St-Zip: WESTON, FL 33326

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

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

Title: T (X) Change ( ) Addition
Name: KLOMPARENS, CRAIG A
Address: 1313 ST. TROPEZ CIRCLE, #1509
City-St-Zip: WESTON, FL 33326

I hereby certify that the information supplied with this filing does not qualify for the 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: CRAIG A. KLOMPARENS P 04/17/2006
Electronic Signature of Signing Officer or Director Date