


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000048640 1. Entity Name  America Fusing, Inc.	
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**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 1222 NW 32nd Court  Suite, Apt. #, etc	3. Mailing Address 1222 NW 32nd Court  Suite, Apt. #, etc
City & State Miami, FL	City & State Miami, FL
Zip 33125	Country Miami-Dade
Zip 33125	Country Miami-Dade

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0756389	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name Margarita V Mendez	
	Street Address (P.O. Box Number is Not Acceptable)  1222 NW 32nd Court	
	City Miami, FL	Zip Code 33125

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 4-25-05

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Guerrero, Clara / P 1222 NW 32nd Court Miami, FL 33125	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000333695 04/27/05-80015-012 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mendez, Margarita V 1222 NW 32nd Court Miami, FL 33125	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 607, Florida Statutes, and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE 4-25-05 305-649-0639

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED34B (12/02)