


**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
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DO NOT WRITE IN THIS SPACE

City & State Miami, FL	City & State Miami, FL	4. FEI Number 65-0756389	Applied For <input type="checkbox"/> Not Applicable
Zip 33125	Country Miami-Dade	Zip 33125	Country Miami-Dade

**DO NOT WRITE IN THIS SPACE**

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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
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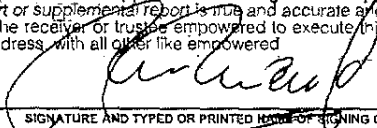
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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 <input type="checkbox"/>	\$5.00 May Be Added to Fees
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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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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)(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 Daytime Phone # 305-649-0639

CR2E034B (12/02)