

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2008 - 08:00 A
Secretary of State

DOCUMENT # P97000048640

1. Entity Name
AMERICAN FUSING, INC.



Principal Place of Business
1222 NW 32ND COURT
MIAMI, FL 33125

Mailing Address
1222 NW 32ND COURT
MIAMI, FL 33125



03032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0756389

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GUERRERO, ABIGAIL
2510 NW 32ND ST.
MIAMI, FL 33142-5871

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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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000900567

04/29/08-80034-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GUERRERO, CLARA
STREET ADDRESS	2510 N.W. 32ND STREET
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	VPT
NAME	MENDEZ, MARGARITA V
STREET ADDRESS	1222 NW 32ND COURT
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Clara Guerrero - Vice-President 305-6490639 4-11-08