


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90019 025 ***150.00

DOCUMENT # J88747 1. Entity Name FUSION GRAPHICS, INC.																																																																																																																																																					
Principal Place of Business 980 NE 126 ST N. MIAMI, FL 33161			Mailing Address 980 NE 126 ST 980 NE 126 ST N. MIAMI, FL 33161																																																																																																																																																		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 410 NE 143 ST Suite, Apt. #, etc. N. Miami FL City & State 33161																																																																																																																																																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																																			
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Country		Country		U.S.A.																																																																																																																																																	
6. Name and Address of Current Registered Agent COLODNY, MICHAEL 2000 W COMMERCIAL BLVD STE 232 FT LAUDERDALE, FL 33309				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																																																	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																			
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">P</td> <td style="width: 15%;"><input type="checkbox"/> Delete</td> <td style="width: 55%;">BOGUSKY, KEVIN J.</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>14950 W. DIXIE HWY. #D</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>N. MIAMI, FL 33161</td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td><input type="checkbox"/> Delete</td> <td>BOGUSKY, STEVEN E</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>2082 NE 174 STREET</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>N MIAMI BEACH, FL</td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">P</td> <td style="width: 15%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td style="width: 55%;">BOGUSKY, KEVIN J.</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>410 NE 143 ST</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>N. MIAMI FL 33161</td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	P	<input type="checkbox"/> Delete	BOGUSKY, KEVIN J.	NAME				STREET ADDRESS			14950 W. DIXIE HWY. #D	CITY-ST-ZIP			N. MIAMI, FL 33161	TITLE	VP	<input type="checkbox"/> Delete	BOGUSKY, STEVEN E	NAME				STREET ADDRESS			2082 NE 174 STREET	CITY-ST-ZIP			N MIAMI BEACH, FL	TITLE		<input type="checkbox"/> Delete		NAME				STREET ADDRESS				CITY-ST-ZIP				TITLE		<input type="checkbox"/> Delete		NAME				STREET ADDRESS				CITY-ST-ZIP				TITLE		<input type="checkbox"/> Delete		NAME				STREET ADDRESS				CITY-ST-ZIP				TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition	BOGUSKY, KEVIN J.	NAME				STREET ADDRESS			410 NE 143 ST	CITY-ST-ZIP			N. MIAMI FL 33161	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME				STREET ADDRESS				CITY-ST-ZIP				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME				STREET ADDRESS				CITY-ST-ZIP				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME				STREET ADDRESS				CITY-ST-ZIP			
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																																					
<div style="display: flex; justify-content: space-between;"> <div> 4-21-08 <small>Date</small> </div> <div> 305 291-7975 <small>Daytime Phone #</small> </div> </div>																																																																																																																																																					