

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000012462

Entity Name: BLUE FUSION, LLC

FILED
Aug 27, 2008
Secretary of State

Current Principal Place of Business:

1516 E. COLONIAL DR.
107
ORLANDO, FL 32803 OR

New Principal Place of Business:

Current Mailing Address:

6445 SOUTH CHICKASAW TRAIL
331
ORLANDO, FL 32829 OR

New Mailing Address:

FEI Number: 51-0565605 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SUAREZ, GIOVANNI
1516 E. COLONIAL DR.
107
ORLANDO, FL 32803 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SUAREZ, GIOVANNI
Address: 7266 CHELSEA HARBOUR DRIVE
City-St-Zip: ORLANDO, FL 32829 OR

Title: MGRM () Delete
Name: GUTIERREZ, ANA
Address: 7266 CHELSEA HARBOUR DRIVE
City-St-Zip: ORLANDO, FL 32829 OR

Title: MGRM (X) Delete
Name: FARMACOL S.A.,
Address: CALLE 64 93-11
City-St-Zip: BOGOTA, CO 00000 CO

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GIOVANNI SUAREZ

MGRM

08/27/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date