2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# L08000013041

Entity Name: FUSION TRADING, LLC

Current Principal Place of Business:

7884 N.W. 55TH STREET
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

7884 N.W. 55TH STREET
MIAMI, FL 33166

New Mailing Address:

FEI Number: 26-1901004 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, CARLA A ESQ.
1999 S.W. 27TH AVENUE
FIRST FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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:	JADE & EMERALD INVES, TMENTS, LLC	
Address:	1436 N.W. 154TH AVENUE	
City-St-Zip:	PEMBROKE PINES, FL 33028	
Title:	MGRM	(X) Delete
Name:	AVC MEDICAL, LLC,	
Address:	7884 N.W. 55TH STREET	
City-St-Zip:	MIAMI, FL 33166	
Title:	MGRM	(X) Delete
Name:	PEROZO, LUIS	
Address:	7884 N.W. 55TH STREET	
City-St-Zip:	MIAMI, FL 33166	

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: ORLANDO FERNANDEZ S. MGR 01/26/2009

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