2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# N02000005303

Entity Name: FUSIHOM CORP.

Current Principal Place of Business:

11021 NW 16TH ST.
PEMBROKE PINES, FL 33026

New Principal Place of Business:

Current Mailing Address:

11021 NW 16TH ST.
PEMBROKE PINES, FL 33026

New Mailing Address:

FEI Number: 22-3870507 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RODRIGUEZ, RAFAEL J
701 N. STATE RD. 7
HOLLYWOOD, FL 33021

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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ARCINIEGAS, MAURICIO
Address: 11021 NW 16TH ST.
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D ( ) Delete
Name: ARCINIEGAS, MERY VERA
Address: 1631 NW 73RD WAY
City-St-Zip: HOLLYWOOD, FL 33021

Title: D ( ) Delete
Name: ARCINIEGAS, LUZ MERY
Address: 8521 NW 19TH ST.
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D ( ) Delete
Name: CORREA, JAIR M
Address: 1631 NW 73RD WAY
City-St-Zip: WAY HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARCINIEGAS MAURICIO D 04/30/2004

Electronic Signature of Signing Officer or Director — Date