


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000005303	
1. Entity Name FUSIHOM CORP.	

Principal Place of Business 11021 NW 16TH ST. PEMBROKE PINES, FL 33026	Mailing Address 11021 NW 16TH ST. PEMBROKE PINES, FL 33026
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04272005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3870507	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ARCINIEGAS, MAURICIO
STREET ADDRESS	11021 NW 16TH ST.
CITY - ST - ZIP	PEMBROKE PINES, FL 33026
TITLE	D
NAME	ARCINIEGAS, MERY VERA
STREET ADDRESS	1831 NW 73RD WAY
CITY - ST - ZIP	HOLLYWOOD, FL 33021
TITLE	D
NAME	ARCINIEGAS, LUZ MERY
STREET ADDRESS	8521 NW 19TH ST.
CITY - ST - ZIP	PEMBROKE PINES, FL 33024
TITLE	D
NAME	CORREA, JAIR M
STREET ADDRESS	1831 NW 73RD WAY
CITY - ST - ZIP	WAY HOLLYWOOD, FL 33021
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/02/05-80110-002 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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:  **04-27-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**