2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 07, 2005 08:00 AM Secretary of State **DOCUMENT # P02000037267** 1. Entity Name FUSION WORK SERVICES, INC. Principal Place of Business Mailing Address 2301 SW 62ND AVENUE 2301 SW 62ND AVENUE MIAMI, FL 33155 MIAMI, FL 33155 01072005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 02-0579211 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent PALERMO, ROSAURA DO NOT WRITE 2301 SW 62ND AVENUE MIAMI, FL 33155 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 registere SIGNATURE. (NOTE Registered Agent signature required when reinstating) tered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE PALERMO, ROSAURA NAME U000000291858 2301 SW 62ND AVENUE STREET ADDRESS 04/07/05-80049-001 150.00 MIAMI, FL 33155 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NALAF STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 toustee empowered to execute this report as required by Chapter 507, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all gitter like empowered.

ED NAME OF SIGNING OFFICER OR DIRECTOR

FILED