2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 15, 2006 8:00 am Secretary of State

		AIIIIOAL								ar y	OI D	iaic
DOCUMENT # P03000098421 1. Entity Name FUSAROLA CORPORATION								02-15-2006 90037 046 ***150.00				
Principal Place of Business 6693 COLLINS AVE STE ~ 2.30 MIAMI BEACH, FL 33141				Mailing Address 6693 COLLINS AVE STE 230 MIAMI BEACH, FL 33141				 			KI BEBIR EIBBI FER	
2. Principal Place of Business			3. Maiting Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01312006	Chg-P	CR2E0	34 (11/05)		
City & State			City & State					4. FEI Number Applied For 20-0212214 Not Applied			plied For	
Zip :	Country		Z	Zip Cou		ntry		5. Certificate	of Status Desired		\$8.75 Add Fee Require	
6. Name and Address of Current Re				legistered Agent			7. Name and Address of New Registered Agent					
VMVDO: 0	רביבי					Name						
AMADO, ERNESTO 6693 COLLINS AVE STE_230						Street Address (P.O. Box Number is Not Acceptable)						
MIAMI BEACH, FL 33141												
4.1 43.34						City FL Zip Code					В	
	named entit tions of regist	y submits this statement for ered agent.	or the p	urpose of changing its	register	ed office or	register	ed agent, or bo	th, in the State of Flo	orida. Lami	familiar with,	and accept
SIGNATURE.	Signature, typed	or printed name of registered agent	and tille it	tapplicable. (NOTE	: Registere	d Agent signatu	ne required	(when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.0			00	9. Election Campaign Financing Trust Fund Contribution. [\$5 . Add	.00 May Be ed to Fees				
10.		OFFICERS AND	DIREC	TORS	11.			ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTOR	5 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6693 COI	REZ-ZAMORA, MARIA (LLINS AVE STE 230 EACH, FL 33141		☐ Delete		-					☐ Change	Addition
TITLE NAME	MIN DE	3,011,12 00141		☐ Delete	TITLI	E					☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP						ET ADORESS -St-Zip						
TITLE				☐ Delete	TITL						☐ Change	■ Addition
NAME					NAM	-						
STREET ADDRESS CITY-ST-ZIP	ı					ET ADDRESS -ST-ZIP						
TITLE				☐ Delete	TAL	E		·			☐ Change	Addition
NAME STREET ADDRESS					NAM STRE	et address						
CITY-ST-ZIP						-ST-ZIP]					
TITLE				☐ Defete	1111	E		· .			☐ Change	Addition
NAME					NAM		1					
STREET ADORESS CITY-ST-ZIP	1					EET ADORESS '-ST-ZIP						
TITLE	 			☐ Delete	TITL						☐ Change	☐ Addition
NAME				0000	NAM							

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: // auc - franc 1/2/1800	below
SIGNATURE: Mauz C fram 1/3/1900	1 121 HOOG
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daysina Prone P	Date Daylime Phone #