2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000017242

1. Entity Name
EFFUSION ART INC.

Principal Place of Business	Mailing Address
1946 NE 149TH STREET	1946 NE 149TH STREET
NORTH MIAMI, FL 33181 US	NORTH MIAMI, FL 33181 US

DO NOT WRITE IN THIS SPACE

02062008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
NOT APPLICABLE		Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

. 6. Name and Address of Current Registered Agent

LAZARUS, SAMANTHA
1946 NE 149TH STREET
NORTH MIAMI, FL 33181

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_____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 After May 1, 2008 Fee will be $550.00	9. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees	00000352705 03/26/08-80033-020 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	LAZARUS, SAMANTHA
STREET ADDRESS	1946 NE 149TH STREET
CITY-ST-ZIP	NORTH MIAMI, FL 33181

TITLE	VP
NAME	NIKOLICH, OLIVER
STREET ADDRESS	1946 NE 149TH STREET
CITY-ST-ZIP	NORTH MIAMI, FL 33181

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: _____   3/5/08   3055383558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #