2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000095258

1. Entity Name..
FUSION CAFE, INC.

Principal Place of Business	Mailing Address
1225 N. MONROE TALLAHASSEE, FL 32303	504 TRUETT DRIVE TALLAHASSEE, FL 32303

DO NOT WRITE IN THIS SPACE

02242008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
76-0794363	Not Applicable

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

6. Name and Address of Current Registered Agent

KENNY, JOHN ESQ
241 EAST SIXTH AVE.
TALLAHASSEE, FL 32303

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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

U00000842384
03/11/08-80028-010 150.00

10.	OFFICERS AND DIRECTORS
TITLE	PT
NAME	UNGER, ROGER
STREET ADDRESS	504 TRUETT DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	S
NAME	BELTRAMI, ALEXANDER
STREET ADDRESS	1225 N. MONROE
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 2/20/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #