

# **2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000110735

Entity Name: FUSION LIQUOR II INC.

**FILED**  
**Dec 12, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

10311 ROYAL PALM BLVD.  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

10311 ROYAL PALM BLVD  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

FEI Number: 20-3289578

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SOODEEN, DINESH  
1876 NW 108 AVE  
CORAL SPRINGS, FL 33071 US

**Name and Address of New Registered Agent:**

SOHAN, BURT  
186 NW 108 AVE  
CORAL SPRINGS, FL 33071 US

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.

SIGNATURE: BURT SOHAN

12/12/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: RAMNARASE, MAHABIR  
Address: 8750 NW 27 TH PLACE  
City-St-Zip: SUNRISE, FL 33322

Title: P ( ) Delete  
Name: SOHAN, BURT  
Address: 3751 NW 115 TH AVE  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: SOHAN, PETER  
Address: 10311 ROYAL PALM BLVD  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: S ( ) Change (X) Addition  
Name: SOHAN, BURT  
Address: 10311 ROYAL PALM BLVD  
City-St-Zip: CORAL SPRINGS, FL 33065

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BURT SOHAN

S

12/12/2006

Electronic Signature of Signing Officer or Director

Date