


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90302 033 \*\*\*150.00

<b>DOCUMENT # P05000130346</b>	
1. Entity Name <b>INTERFUSION CORP.</b>	

Principal Place of Business <b>100 SOUTH POINT DRIVE SUITE 609 MIAMI BEACH, FL 33139</b>	Mailing Address <b>100 SOUTH POINT DRIVE SUITE 609 MIAMI BEACH, FL 33139</b>
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2. Principal Place of Business	3. Mailing Address <b>205 E 68TH STREET</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>t4e</b>
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City & State	City & State <b>NEW YORK, N.Y.</b>
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Zip	Country	Zip <b>10021</b>	Country
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6. Name and Address of Current Registered Agent			
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<b>SPIEGEL &amp; UTRERA, P.A.</b> <b>1840 SW 22ND ST.</b> <b>4TH FLOOR</b> <b>MIAMI, FL 33145</b>			
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40000144



04192006 Chg-P CR2E034 (11/05)

4. FEI Number <b>20-3537635</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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7. Name and Address of New Registered Agent	
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Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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 date if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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## 10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>SANTOS, FILIPE</b>	
STREET ADDRESS	<b>100 SOUTH POINT DRIVE SUITE 609</b>	
CITY-ST-ZIP	<b>MIAMI BEACH, FL 33139</b>	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	<b>PAULINO, JENNY</b>	
STREET ADDRESS	<b>100 SOUTH POINT DRIVE SUITE 609</b>	
CITY-ST-ZIP	<b>MIAMI BEACH, FL 33139</b>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	<b>VARGA, ADDYON</b>	
STREET ADDRESS	<b>100 SOUTH POINT DRIVE SUITE 609</b>	
CITY-ST-ZIP	<b>MIAMI BEACH, FL 33139</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: 	Date: <b>5/1/06</b>	Daytime Phone: <b>212 737-5985</b>
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