

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000026138

1. Entity Name
COLD FUSION DESIGN, INC.



FILED
Jun 19, 2008 08:00 AM
Secretary of State

Principal Place of Business
913 DIPLOMAT PARKWAY
HALLANDALE, FL 33009

Mailing Address
913 DIPLOMAT PARKWAY
HALLANDALE, FL 33009



06132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4359709

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

POPESCU, NICOLAE
913 DIPLOMAT PARKWAY
HALLANDALE, FL 33009

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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
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	POPESCU, NICOLAE
STREET ADDRESS	913 DIPLOMAT PARKWAY
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	VP
NAME	CAMAJ, MICHAEL
STREET ADDRESS	913 DIPLOMAT PARKWAY
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000953254
06/19/08-80001-019 150.00

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-16-08

Date

954558
3024

Daytime Phone #