

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # S00121

1. Entity Name
FUSE ENTERPRISES, INC.



Principal Place of Business
**719 NORTH MILLS AVENUE
ORLANDO, FL 32803**

Mailing Address
**719 NORTH MILLS AVENUE
ORLANDO, FL 32803**

DO NOT WRITE IN THIS SPACE



03172006 No Chg-P CR2E034 (11/05)

4. FEI Number
50-3028015

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ALLIE, FYUSE
7742 PENGROVE PASS
ORLANDO, FL 32811**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000479161

04/03/06-80035-024-150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ALLIE, FYUSE
STREET ADDRESS 7742 PENGROVER PASS
CITY-ST-ZIP ORLANDO, FL

TITLE VD
NAME ALLIE, MINAWATTI
STREET ADDRESS 7742 PENGROVER PASS
CITY-ST-ZIP ORLANDO, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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

3-20-06

Date

Daytime Phone #