

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90093 005 ***150.00

DOCUMENT # F01000005817

1. Entity Name
PRODDUCCIONES THOMAS, OCHOA & ASSOCIATES,
INC.



Principal Place of Business

7058 NW 77 CT
STE 100
MIAMI, FL 33166

Mailing Address

7058 NW 77 CT
STE 100
MIAMI, FL 33166 US

40056407

2. Principal Place of Business

2930 NW 100th Ave

3. Mailing Address

2930 NW 108th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04082005 Chg:P CR2E034 (10/03)

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
94-3414537

Applied For
Not Applicable

Zip
33172

Country
USA

Zip
33172

Country
USA

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

6. Name and Address of Current Registered Agent

MARTINEZ, MARITZA
7058 NW 77 CT
STE 100
MIAMI, FL 33166

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	THOMAS HERNANDEZ, RADHAMES A	
STREET ADDRESS	AVE. BERMUDEZ EN CALLE STA. ANA & AVE	
CITY-ST-ZIP	CARACAS, VENEZUELA,	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTINEZ, MARITZA	
STREET ADDRESS	7058 NW 77 CT STE 100	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTINEZ, MAZITZA	
STREET ADDRESS	7058 NW 77 CT. SUITE 100	
CITY-ST-ZIP	MIAMI, FL 33166	
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		
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Maritza Martinez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/05

Date

305-463-8303

Daytime Phone #