

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90183 045 ***150.00

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1. Entity Name
**PRODUCCIONES THOMAS, OCHOA & ASSOCIATES,
INC.**



Principal Place of Business
**2930 NW 108TH AVE
MIAMI, FL 33172 US**

Mailing Address
**2930 NW 108TH AVE
MIAMI, FL 33172 US**

DO NOT WRITE IN THIS SPACE



04072006 No Chg-P CR2E034 (11/05)

4. FEI Number
94-3414537

Applied For
Not Applicable

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**

**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

10. OFFICERS AND DIRECTORS

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

**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

Maritza Martinez
04-26-2006 305-4638303

Date

Daytime Phone #