

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90371 036 \*\*\*150.00

**DOCUMENT # P03000022243**

1. Entity Name  
**USECHE PRODUCTIONS, INC.**



Principal Place of Business  
**4981 N UNIVERSITY DR  
29  
LAUDERHILL, FL 33351**

Mailing Address  
**4981 N UNIVERSITY DR  
29  
LAUDERHILL, FL 33351**

2. Principal Place of Business  
**4625 NW 99 Avenue**

3. Mailing Address  
**4625 NW 99 Avenue**

Suite, Apt. #, etc.  
**109**

Suite, Apt. #, etc.  
**109**

03022006 Chg-P CR2E034 (11/05)

City & State  
**Miami**

City & State  
**Miami**

4. FEI Number  
**83-0349066**

Applied For  
☐ Not Applicable

Zip  
**33178**

Country  
**Miami-Dade**

Zip  
**33178**

Country  
**Miami-Dade**

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

**6. Name and Address of Current Registered Agent**

**USECHE, JOSE L SR.  
4981 N UNIVERSITY DRIVE  
29  
LAUDERHILL, FL 33351**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**4625 NW 99 Avenue #109**

City  
**Miami**

FL

Zip Code  
**33178**

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 *Jose L. Useche*  
Signature, typed or printed name of registered agent and title if applicable.

**Jose L. Useche, Sr.**

**03/07/06**

(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 **P** ☐ Delete  
NAME **USECHE, JOSE L SR.**  
STREET ADDRESS **4981 N UNIVERSITY DR, SUITE 29**  
CITY-ST-ZIP **LAUDERHILL, FL 33351**

TITLE **VP** ☒ Delete  
NAME **MONTEDEOCA, JUAN F SR.**  
STREET ADDRESS **7400 RADICE COURT # 602**  
CITY-ST-ZIP **LAUDERHILL, FL 33319**

TITLE **S** ☒ Delete  
NAME **USECHE, JOSE L SR.**  
STREET ADDRESS **4981 N UNIVERSITY DR, SUITE 29**  
CITY-ST-ZIP **LAUDERHILL, FL 33351**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **4625 NW 99 Avenue, Apt 109**  
CITY-ST-ZIP **Miami, FL 33178**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **Maria Useche**  
STREET ADDRESS **4625 NW 99 Avenue, Apt 109**  
CITY-ST-ZIP **Miami, FL 33178**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Jose L. Useche* **Jose L. Useche**

**03/07/06**

**305-717-6806**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #