

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000097819

1. Entity Name  
CUTE ( USA) INC.



Principal Place of Business  
6371-4 PRESIDENTIAL CT.  
FT. MYERS, FL 33919

Mailing Address  
6371-4 PRESIDENTIAL CT.  
FT. MYERS, FL 33919



02092006 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0673601

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

JESSEN, ANDREW G  
6371-4 PRESIDENTIAL CT.  
FT. MYERS, FL 33919

**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 reinstalling)

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  
DPS  
SCHLEGEL, THEODORE  
4302 POND APPLE DR N.  
NAPLES, FL

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
VP  
SCHLEGEL, EVELYNE  
4302 POND APPLE DR N.  
NAPLES, FL

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
T  
SCHLEGEL, UWE  
4302 POND APPLE DR. N.  
NAPLES, FL

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

000000464429  
03/21/06-80114-019 150.00

**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

Date

Daytime Phone #

Theodore Schlegel  
Director 03/20/06