

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2007 08:00 A**  
**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



03122007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0673601

Applied For  
Not Applicable

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

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

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

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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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

U00000669283  
03/27/07-80065-021 150.00

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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:** *Theodore Schlegel* **3.14.07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #