2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P94000027054

1. Entity Name
RECUATES CORPORATION

Principal Place of Business	Mailing Address
229 WEST END DR KEY BISCAYNE, FL 33149	777 BRICKELL AVE. 1390 PH MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

01102005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0481619	Not Applicable

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

6. Name and Address of Current Registered Agent

FERDIE, AINSLEE R
717 PONCE DE LEON BLVD.
SUITE 215
CORAL GABLES, FL 33134

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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, 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	D
NAME	URRUELA, JUAN F
STREET ADDRESS	777 BRICKELL AVE., #1390
CITY-ST-ZIP	MIAMI, FL 33131

TITLE	D
NAME	URRUELA, ESTELA M
STREET ADDRESS	777 BRICKELL AVE., #1390
CITY-ST-ZIP	MIAMI, FL 33131

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ JUAN Urruela   JAN 11/05 (305) 374-050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #