
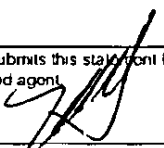
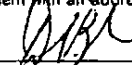


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90048 042 \*\*\*\*61.25

<b>DOCUMENT # 764484</b>							
1. Entity Name <b>RECA CONDOMINIUM ASSOCIATION, INC.</b>							
Principal Place of Business <b>8880-8888 NW 24 TER MIAMI FL 33172</b>		Mailing Address <b>P O BOX 228055 MIAMI FL 33122</b>					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number <b>NO-T APPLICABLE</b>			
				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>MP PROPERTY MANAGEMENT, INC.</b> <b>2600 N W 87 AVE #32</b> <b>MIAMI FL 33172</b>			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
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  <b>1-18-2007</b>							
Signature, typed or printed name of registered agent and how it applicable (NOTE: Registered Agent signature required when terminating) (B&P)							
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> <b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>PD</b> <b>BRADMAN, DAVID</b> <b>8880 NW 24 TERRACE</b> <b>MIAMI FL 33172</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>SECRETARY</b> <b>Tatiana Villami</b> <b>8880 NW 24 Terrace</b> <b>Miami FL 33172</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>VD</b> <b>RUBIANO, VICTOR</b> <b>8880 NW 24 TERRACE</b> <b>MIAMI FL 33172</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>VICE-PRESIDENT</b> <b>Sammy Besalel</b> <b>8888 NW 74 Terrace</b> <b>Miami FL 33172</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	- -	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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:  <b>1/20/07</b>							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							