2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2007
Secretary of State

DOCUMENT# N02000004559

Entity Name: RECURSO INC.

Current Principal Place of Business:

200 S PARK RD, STE 420
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

200 S PARK RD, STE 420
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 56-2285536 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSALES, EVA
200 S PARK RD, STE 420
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: ROSALES, EVA
Address: 200 S PARK RD, STE 420
City-St-Zip: HOLLYWOOD, FL 33021

Title: DV ( ) Delete
Name: MCCLOSKEY, KERRY
Address: 200 S PARK RD, STE 420
City-St-Zip: HOLLYWOOD, FL 33021

Title: DS ( ) Delete
Name: GUERRA, CRISTELA
Address: 200 S PARK RD, STE 420
City-St-Zip: HOLLYWOOD, FL 33021

Title: DT ( ) Delete
Name: ROSALES, CARLA
Address: 200 S PARK RD, STE 420
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: DE ( ) Delete
Name: HILL, JESSICA
Address: 200 S PARK RD, STE 420
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: DR ( ) Delete
Name: MEDINA, JUAN
Address: 200 S PARK RD, STE 420
City-St-Zip: HOLLYWOOD, FL 33021 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change ( ) Addition
Name: ROSALES, RAMON
Address: 200 S PARK RD, STE 420
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EVA ROSALES DP 02/25/2007

Electronic Signature of Signing Officer or Director — Date