


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000025369 1. Entity Name RECO AND ASSOCIATES, INC.	
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Principal Place of Business, 673 NW 102ND PL MIAMI, FL 33172	Mailing Address 673 NW 102ND PL MIAMI, FL 33172
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DO NOT WRITE IN THIS SPACE



04122007 No Chg-P CR2E034 (11/05)

4. FEI Number 11-3744066	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RECONDO, VICTOR J 673 NW 102ND PL MIAMI, FL 33172

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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 _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____

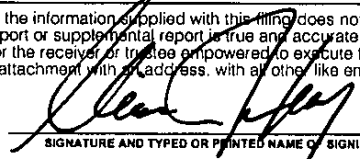
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RECONDO, VICTOR J 673 NW 102ND PL MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS VICENS-RECONDO, CYNTHIA 673 NW 102ND PL MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RECONDO, CHRIS J 2400 SW 3RD AVE APT 602 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYORAL-VICENS, JOSE E LE CHALET CT D-3 SAN JUAN PUERTO RICO, FL 00926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RECONDO, GIAN C 673 NW 102ND PL MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RECONDO, VICTOR A 673 NW 102ND PL MIAMI, FL 33172

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05/01/07-80035-001 150.00

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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:  **4/16/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #