
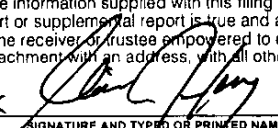


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90371 041 ***150.00

DOCUMENT # P05000025369 1. Entity Name RECO AND ASSOCIATES, INC.					
Principal Place of Business 673 NW 102ND PL MIAMI, FL 33172			Mailing Address 673 NW 102ND PL MIAMI, FL 33172		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 11-3744066 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02262008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent RECONDO, VICTOR J 673 NW 102ND PL MIAMI, FL 33172				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RECONDO, VICTOR J 673 NW 102ND PL MIAMI, FL 33172	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Recondo, Victor J 673 NW 102 PL MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS VICENS-RECONDO, CYNTHIA 673 NW 102ND PL MIAMI, FL 33172	<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	DT RECONDO, CHRIS J 2400 SW 3RD AVE APT 602 MIAMI, FL 33129	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RECONDO, CHRIS J 673 NW 102 PL MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYORAL-VICENS, JOSE E LE CHALET CT D-3 SAN JUAN PUERTO RICO, FL 00926	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYORAL-VICENS, JOSE E 3711 COLE MILL RD CHARLOTTE, NC 28270
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RECONDO, GIAN C 673 NW 102ND PL MIAMI, FL 33172	<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	D RECONDO, VICTOR A 673 NW 102ND PL MIAMI, FL 33172	<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 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: 				2/26/08 (305) 332-1806 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					