


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2006 08:00 AM
Secretary of State

| | |
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| DOCUMENT # P96000085837 1. Entity Name RECO IMPORTS INC. |  |
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Principal Place of Business
**6843 NARCOOSSE ROAD
UNIT 79
ORLANDO, FL 32822**

Mailing Address
**6843 NARCOOSSE ROAD
UNIT 79
ORLANDO, FL 32822**

DO NOT WRITE IN THIS SPACE



01112006 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 11-3301603 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent

**YOUSAF, MOHAMMAD
6843 NARCOOSSE ROAD
UNIT 79
ORLANDO, FL 32822**

**DO NOT WRITE
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 re-registering)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS YOUSAF, MOHAMMAD 6843 NARCOOSSE ROAD, UNIT 79 ORLANDO, FL 32822 |
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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/14/06

Date

407-658-5837

Daytime Phone if