

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000036576

1. Entity Name
RHECA, INC.



**FILED
Mar 22, 2006 8:00 am
Secretary of State**

03-22-2006 90012 027 ***150.00

Principal Place of Business
10021 PINES BLVD, STE #101
PEMBROKE PINES, FL 33024

Mailing Address
3325 SOUTH UNIVERSITY DRIVE, 2ND FLOOR
DAVIE, FL 33328-2020

2. Principal Place of Business <i>3325 So. University</i>	3. Mailing Address Suite, Apt. #, etc. <i># 210</i>		
City & State <i>DAVIE, FL</i>	City & State Zip <i>FL 33328</i> Country <i>Broward</i>		
6. Name and Address of Current Registered Agent ROSS REALTY INVESTMENTS, INC. 3325 SOUTH UNIVERSITY DRIVE, 2ND FLOOR DAVIE, FL 33328-2020		4. FEI Number 65-0913032	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent		Name Street Address (P.O. Box Number is Not Acceptable) City <i>FL</i>	
		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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	P ROSS, BARRY 3325 S UNIVERSITY DR #210 FORT LAUDERDALE, FL 33328	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ORLAN, JEFFREY 10021 PINES BLVD PEMBROKE PINES, FL 33024	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COHER, HAL J 10825 RICHMOND PLACE COOPER CITY, FL 33026	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP

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: *M*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-00

Date

Daytime Phone #