

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000116041

**FILED**  
**Mar 01, 2009**  
**Secretary of State**

**Entity Name:** RELIABLE FINANCIAL ENTERPRISES, INC.

**Current Principal Place of Business:**

6970 NORTHWEST 186TH STREET  
SUITE 210  
MIAMI, FL 33015

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 173701  
HIALEAH, FL 33017

**New Mailing Address:**

FEI Number: 65-1159625

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MATTHEWS, NORICE  
9965 MIRAMAR PARKWAY  
STE 118  
MIRAMAR, FL 33025 US

**Name and Address of New Registered Agent:**

MATTHEWS, NORICE  
18520 NW 67 AVE  
STE 365  
HIALEAH, FL 33015 US

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: N. MATTHEWS

03/01/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: MATTHEWS, NORICE  
Address: 6970 NORTHWEST 186TH STREET  
City-St-Zip: MIAMI, FL 33015

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: N.MATTHEWS

PSD

03/01/2009

Electronic Signature of Signing Officer or Director

Date