2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004
Secretary of State

DOCUMENT# P03000048904

Entity Name: THE RELOCATION FIRM, INC.

Current Principal Place of Business:

219 NW 14 TERR
MIAMI, FL 33136

New Principal Place of Business:

Current Mailing Address:

219 NW 14 TERR
MIAMI, FL 33136

New Mailing Address:

P.O. BOX 013047
MIAMI, FL 33101

FEI Number: 05-0595721 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NELSON, SALIHA
219 NW 14 TERR
MIAMI, FL 33136

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: NELSON, SALIHA
Address: 219 NW 14 TERR
City-St-Zip: MIAMI, FL 33136

Title: D ( ) Delete
Name: CRESPO, HENRY
Address: 219 NW 14 TERR
City-St-Zip: MIAMI, FL 33136

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MS. (X) Change ( ) Addition
Name: NELSON, SALIHA
Address: 219 NW 14 TERR
City-St-Zip: MIAMI, FL 33136

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SALIHA NELSON MS. 02/02/2004

Electronic Signature of Signing Officer or Director — Date