


**2004 FOR PRC FIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000011429</b> 1. Entity Name RELIABLE FINANCE MORTGAGE INC.	
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Principal Place of Business 10980 BISCAYNE BLVD NORTH MIAMI, FL 33161	Mailing Address 10980 BISCAYNE BLVD NORTH MIAMI, FL 33161
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**DO NOT WRITE IN THIS SPACE**



04282004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0642566	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent  LARDIZABAL, MELODY 30 NW 125 ST NORTH MIAMI, FL 33160	<b>DO NOT WRITE IN THIS SPACE</b>
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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 *Melody Gay* DATE 4-28-04

Signature, Must be Printed Name of Registered Agent and the filer, if applicable. (NOTE: Registered Agent signature required when retaining)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	100000142912 S. P. 03-81072-013 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LARDIZABEL, MELODY B 1700 NE 105 ST #407 MIAMI, FL 33138
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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 *Melody Gay* DATE 4-28-04 DAYTIME PHONE # (305) 956 5666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR