

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000069722

FILED  
Apr 26, 2011  
Secretary of State

**Entity Name:** RELIABLE INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

2481 NE 200TH ST  
N MIAMI, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

2481 NE 200TH ST  
N MIAMI, FL 33180

**New Mailing Address:**

**FEI Number:** 65-1025838

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KATZMAN, HOWARD L  
2481 NE 200TH STREET  
MIAMI, FL 33180 US

**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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KATZMAN, HOWARD L  
Address: 2481 NE 200TH STREET  
City-St-Zip: N MIAMI, FL 33180

Title: VP  
Name: KATZMAN, LISA  
Address: 2481 NE 200TH STREET  
City-St-Zip: MIAMI, FL 33180

Title: D  
Name: SHAPE, SHARI A  
Address: 2481 NE 200TH STREET  
City-St-Zip: MIAMI, FL 33180

I hereby 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 all other like empowered.

SIGNATURE: HOWARD L KATZMAN

PRES

04/26/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date