

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000069722

**FILED**  
**Apr 27, 2016**  
**Secretary of State**  
**CC5155086645**

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

**Current Principal Place of Business:**

2481 NE 200TH ST  
N MIAMI, FL 33180

**Current Mailing Address:**

2481 NE 200TH ST  
N MIAMI, FL 33180

**FEI Number:** 65-1025838

**Certificate of Status Desired:** No

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

KATZMAN, HOWARD L  
2481 NE 200TH STREET  
MIAMI, FL 33180 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

**PRESIDENT**

**04/27/2016**

Electronic Signature of Signing Officer/Director Detail

Date