2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 04, 2004 08:00 AM DOCUMENT # G27817 **Secretary of State** 1. Entity Name RELIABLE FIRE & SAFETY EQUIPMENT COMPANY, INC. Principal Place of Business Mailing Address % KENNETH S KRAMER 4838 NE 12TH AVE FT LAUDERDALE FL 33334 % KENNETH S KRAMER 4838 NE 12TH AVE FT LAUDERDALE FL 33334 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-2269623 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KRAMER, KENNETH S. 4838 NE 12 AVENUE Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33334 City Zip Code 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. me PD ☐ Delete आस Change ☐ Addition KRAMER, KENNETH S. NAME NAME U00000036893 02/06/04-80077-001 150.00 STREET ADDRESS STREET ADDRESS 4838 NE 12 AVENUE CITY-ST-7IP CITY -ST - ZIP FT. LAUDERDALE FL Change THLE Detete THEF Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE Delete BILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY -ST-ZIP CETY - ST - ZEP THE ☐ Delete TITLE ☐ Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST- DP Delete TITLE Change Addition TITLE NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY - ST- ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplighental 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 receive 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.

CIAMIC

FILED