


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90083 029 \*\*\*150.00

<b>DOCUMENT # P00000090487</b>			
1. Entity Name <b>RELIANCE INC.</b>			
Principal Place of Business <b>36 NE 1ST STREET #222 915 MIAMI FL 33132</b>		Mailing Address <b>36 NE 1ST STREET #222 915 MIAMI FL 33132</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>BANGANI, NANDLAL 36 NE 1ST STREET #222 915 MIAMI FL 33132</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V BANDANI, NANDLAL 36 N.E. 1ST STREET, #222 915 MIAMI FL 33132</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRACIDAND DINESH BANGANI 36 NE 1st Street #915 MIAMI FL 33132</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P. BANGANI, DINESH 36 NE 1ST STREET, #222 915 MIAMI FL 33132</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P. NANDLAL BANGANI 36 NE 1st Street #915 MIAMI FL 33132</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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MOORE CR2E034 (11/03)

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03.31.04 305-379-2014