2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: \_

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 05, 2004 8:00 am Secretary of State DOCUMENT # P00000090487 1. Entity Name 04-05-2004 90083 029 \*\*\*150.00 RELIANCE INC. Principal Place of Business Mailing Address 36 NE 1ST STREET #200 915 36 NE 1ST STREET #222 915 MIAMI FL 33132 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For 4. FEI Number City & State City & State 65-1173865 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BANGANI, NANDLAL Street Address (P.O. Box Number is Not Acceptable) 36 NE 1ST STREET #222 9/5 MIAMI FL 33132 Zip Code FL 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 DATE Signature, typed or printed name of registered egent 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 States: OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. e V PRACIDAND TITL\$ Change Addition Delete TITLE DINESH BANGANI NAME<sup>3</sup> BANDANI, NANDLAL NAME 36 N.E. 1ST STREET, #922 915 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33132 CITY-ST-ZIP 8 P. Change TITLE ☐ Delete TITLE ☐ Addition BANGANI, DINESH NAME IANDLAL BANGAN' 36NE IST STREET #915 MIDTINI EC 33132 36 NE 1ST STREET, #223 915 STREET ADDRESS STREET ADDRESS MIAMI FL 33132 CITY-ST-ZIP CiTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 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 trifsee 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.

FILED