

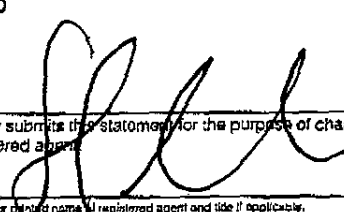
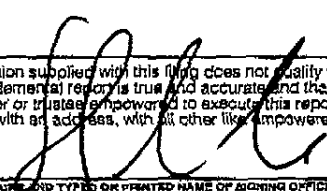
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RELY INSURANCE

305 2266740 P.02/02

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000077518			
1. Entity Name JOHANNA S. ARAUJO, P.A.			
Principal Place of Business 150 S.E. 25TH ROAD #3A MIAMI, FL 33129		Mailing Address 150 S.E. 25TH ROAD #3A MIAMI, FL 33129	
 03102004 No Chg-P CA2E034 (10/03)			
DO NOT WRITE IN THIS SPACE		4. FEI Number 65-1128442	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARAUJO, JOHANNA S 150 S.E. 25TH ROAD SUITE 3A MIAMI, FL 33129		DO NOT WRITE IN THIS SPACE	
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 4/28/04	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	PSTD		
NAME	ARAUJO, JOHANNA S		
STREET ADDRESS	150 S.E. 25TH ROAD SUITE 3A		
CITY - ST - ZIP	MIAMI, FL 33129		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
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 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.			
SIGNATURE: 		DATE 4/28/04	
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR		Daytime Phone #	