

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90053 001 \*\*\*150.00

|  |   |         |   |   |  |
|--|---|---------|---|---|--|
| <b>DOCUMENT # P01000116041</b><br>1. Entity Name<br><b>RELIABLE FINANCIAL ENTERPRISES, INC.</b>  |   |         |   |   |  |
| Principal Place of Business<br><b>6970 NORTHWEST 186TH STREET<br/>SUITE 210<br/>MIAMI, FL 33015</b>  |   |         | Mailing Address<br><b>P.O. BOX 173701<br/>HIALEAH, FL 33017</b> |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.  |   |         | 3. Mailing Address<br><br>Suite, Apt. #, etc.                   |   |  |
| City & State   |   |         | City & State  |   |  |
| Zip  |   | Country |   | Zip   |  |
| Country  |   | Country |   | 4. FEI Number<br><b>65-1159625</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |         |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>NORICE MEATTHEWS<br/>P.O. BOX 173701<br/>HIALEAH, FL 33017</b>   |   |         |   | 7. Name and Address of New Registered Agent<br>Name <b>NORICE MATTHEWS</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>6970 NW 186 Street Suite 210</b><br>City <b>MIAMI</b> FL Zip Code <b>33015</b> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |         |   |   |  |
| DATE _____   |   |         |   |   |  |
| 9. Election Campaign Financing: <b>\$5.00 May Be</b><br>Trust Fund Contribution: <input type="checkbox"/> Added to Fees  |   |         |   |   |  |
| 10. OFFICERS AND DIRECTORS   |   |         |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PSTD <input type="checkbox"/> Delete<br><b>MATTHEWS, NORICE</b><br><b>6970 NORTHWEST 186TH STREET</b><br><b>MIAMI, FL 33015</b> |         |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |         |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |         |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |         |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |         |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |         |   |   |  |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |         |   |   |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |         |   |   |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |         |   |   |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |         |   |   |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |         |   |   |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |         |   |   |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |         |   |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |         |   |   |  |
| Date <b>3-3-2006</b>   |   |         |   |   |  |

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02122006 Chg-P CR2E034 (11/05)



ATTACHMENT  
66003738

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 20, 2006

RELIABLE FINANCIAL ENTERPRISES, INC.  
P.O. BOX 173701  
HIALEAH, FL 33017

Subject: **RELIABLE FINANCIAL ENTERPRISES, INC.**

Reference Number: **P01000116041**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION