

**2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90036 029 \*\*\*150.00

DOCUMENT # P02000014425  
 1. Entity Name  
 RELIABLE PROPERTY MANAGEMENT SERVICES, INC.



Principal Place of Business: 7001 SW 87 CT. MIAMI FL 33173 US  
 Mailing Address: 7001 SW 87 CT. MIAMI FL 33173 US



2. Principal Place of Business - No P.O. Box #: 18590 NW 67 Ave Ste 200-B  
 3. Mailing Address: 18590 NW 67 Ave Ste 200-B

1st MOORE CR2E034 (10/06)

City & State: Miami FL  
 City & State: Miami FL  
 Zip: 33015 Country: Dade  
 Zip: 33015 Country: Dade

4. FEI Number 01-0602796  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 BERRIOS, SANDRA I  
 7001 SW 87 ST  
 MIAMI FL 33-173.

7. Name and Address of New Registered Agent  
 Name: Frank Rodriguez  
 Street Address (P.O. Box Number is Not Acceptable): 18590 NW 67 Ave Ste. 200-B  
 City: Miami FL Zip Code: 33015

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: *[Signature]* DATE: 2/13/07

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: D NAME: BERRIOS, SANDRA I STREET ADDRESS: 7001 SW 87 CT CITY-ST-ZIP: MIAMI FL 33173	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: Berrios, Sandra I. STREET ADDRESS: 18590 NW 67 Ave, Ste. 200B CITY-ST-ZIP: Miami FL 33015	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *[Signature]* Date: Feb. 09, 2007 Phone: 305-364-8941