


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000107261**


1. Entity Name  
**RELIABLE TRANSPORT INC.**



Principal Place of Business  
**830 NW 44 AVE  
MIAMI, FL 33126**

Mailing Address  
**830 NW 44 AVE  
MIAMI, FL 33126**

**DO NOT WRITE IN THIS SPACE**



02102006    Nb Chg-P    CR2E034 (11/05)

4. FEI Number  
**03-0490216**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**VASQUEZ, CLARA P  
830 NW 44 AVE  
MIAMI, FL 33126**

**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 Clara Vasquez, Clara P Vasquez, President    DATE 2/12/06

Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**U00000485574  
04/12/06-80088-017 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VASQUEZ, CLARA P 830 NW 44 AVE MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VASQUEZ, MATEO 830 NW 44 AVE MIAMI, FL 33126
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IN THIS SPACE**

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: Clara Vasquez    Date 3/26/06    Daytime Phone # (305) 4476900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR