


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90049 008 ***150.00

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		
2. Principal Place of Business - No P.O. Box # 412 SW Pleasant Hill Gln		3. Mailing Address P.O.Box 357			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Ft White, Florida		City & State Ft White, Florida		4. FEI Number 03-0490216	
Zip 32038		Country Columbia		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VASQUEZ, CLARA P 830 NW 44 AVE MIAMI, FL 33126			7. Name and Address of New Registered Agent Name Vasquez, Clara Street Address (P.O. Box Number is Not Acceptable) 412 SW Pleasant Hill Gln City Ft White, FL Zip Code 32038		
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 <i>Clara P Vasquez</i> DATE <i>1/14/07</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VASQUEZ, CLARA P 830 NW 44 AVE MIAMI, FL 33126	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VASQUEZ, MATEO 830 NW 44 AVE MIAMI, FL 33126	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
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: <i>Clara P Vasquez</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>1/14/07</i> (386) 4974219 <small>Daytime Phone #</small>		