**2004 FOR PROFIT CORPORATION** ANNUAL REPORT (AR)

12. I hereby certify that the information supplied with this filling indicated on this report or supplemental report is true and of the corporation of the acquisition of the second of the corporation of the second of the second of the corporation of the second of the

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ING OFFICER OR DIRECTOR

changed, or on an attachme

## Feb 12, 2004 08:00 AM Secretary of State DOCUMENT # P03000048521 1. Entity Name HI-RELIANCE CORP. Principal Place of Business Mailing Address 4943 SW 75TH AVE. MIAMI FL 33155 4943 SW 75TH AVE. MIAMI FL 33155 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #. etc MOORE CR2E034 (11/03) 4 EELNumber Applied For City & State City & State Not Applicable Zιρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ACEVEDO, GLORIA J Street Address (P.O. Box Number is Not Acceptable) 14541 SW 180 TERRACE **MIAMI FL 33177** Zip Code City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 10. 11. THE Addition MLE Delete ACEVEDO, JOSE R NAME NAME 14541 SW 180 TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY ST-ZIP MIAMI FL 33177 T Change Addition Defete TITLE ACEVEDO, GLORIA J NAME NAME STREET ADDRESS 14541 SW 180 TERRACE STREET ADDRESS MIAMI FL 33177 CITY\_SI - ZIP CITY-ST-ZIP TITLE ☐ Delete TIME NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition | ☐ Delete THE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information occurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if

**FILED**