FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90415 037 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000145044

1. Entity Name
REL JIC EQUIPMENT SERVICES INC.

Principal Place of Business	Mailing Address
3000 WEST 84TH ST. HIALEAH, FL 33016	3000 WEST 84TH ST. HIALEAH, FL 33016

C/O Lopez Accounting

2. Principal Place of Business	3. Mailing Address
	1800 W. 49 St.
Suite, Apt. #, etc.	Suite, Apt. #, etc. 301
City & State	City & State Hialeah, Fl.
Zip / Country	Zip 33012 / Country USA

03172004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0459645 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MAIZ, REINALDO
3000 WEST 84TH ST.
HIALEAH, FL 33016

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD MAIZ, REINALDO 3000 WEST 84TH ST. HIALEAH, FL 33016 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] Reinaldo Maiz, Pres. 3/16/04 305-761-50
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #