

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90195 001 ***150.00

DOCUMENT # P03000145044 1. Entity Name REL JIC EQUIPMENT SERVICES INC.																													
Principal Place of Business 3000 WEST 84TH ST. HIALEAH, FL 33016			Mailing Address C/O LOPEZ ACCOUNTING 1800 W 49 ST., 201 HIALEAH, FL 33012																										
2. Principal Place of Business <i>3000 W. 84 ST.</i>			3. Mailing Address																										
Suite, Apt. #, etc.			Suite, Apt. #, etc.																										
City & State <i>Hialeah, FL.</i>			City & State																										
Zip <i>33018</i>		Country <i>USA</i>		Zip																									
Country		4. FEI Number 20-0459645		Applied For Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>				\$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 <i>MAIZ, Reinaldo</i> Street Address (P.O. Box Number is Not Acceptable) <i>3000 W. 84 ST.</i> City <i>Hialeah</i> FL Zip Code <i>33018</i>																										
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>[Signature]</i> <i>Reinaldo MAIZ</i> DATE <i>4-12-06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PD</td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MAIZ, REINALDO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3000 WEST 84TH ST.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HIALEAH, FL 33016</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PD</td> <td style="width: 40%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>MAIZ, Reinaldo</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3000 W. 84 ST.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Hialeah, FL 33018</td> <td></td> </tr> </table> </div> </div>						TITLE	PD	<input type="checkbox"/> Delete	NAME	MAIZ, REINALDO		STREET ADDRESS	3000 WEST 84TH ST.		CITY-ST-ZIP	HIALEAH, FL 33016		TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	MAIZ, Reinaldo		STREET ADDRESS	3000 W. 84 ST.		CITY-ST-ZIP	Hialeah, FL 33018	
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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>[Signature]</i> <i>Reinaldo MAIZ, Pres.</i> Date <i>4/12/06</i> Daytime Phone # <i>305 761-5086</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													

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