2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P03000145044

1. Entity Name

REL JIC EQUIPMENT SERVICES INC.



FILED
May 02, 2008 08:00 AN
Secretary of State

Principal Place of Business

3000 WEST 84TH ST. HIALEAH, FL 33018 Mailing Address

C/O LOPEZ ACCOUNTING 1800 W 49 ST., 201 HIALEAH, FL 33012



04222008

No Chg-P

CR2E034 (11/05)

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 33018

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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 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 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Trust Fund Contribu			ing	\$5.00 May Be Added to Fees	U00000943426 05/29/08-80059-006 150.00
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAIZ, REINALDO 3000 WEST 84TH ST. HIALEAH, FL 33018				
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TITLE NAME STREET ADDRESS CITY-SI-ZIP					
12. Thereby 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					

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 eath; 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

10/00/08

3158253539

Daytime Phone #