2006 FOR PROFIT CORPORATION

Jan 17, 2006 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # P04000051303 RELIABLE INSURANCE CORP. Mailing Address Principal Place of Business 1834 NE MIAMI GARDENS DR 1834 NE MIAMI GARDENS DR NORTH MIAMI, FL 33179 NORTH MIAMI, FL 33179 No Chg-P CR2E034 (11/05) 01112006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0911752 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE REMEDIOS, NEYZA 1834 NE MIAMI GARDENS DR NORTH MIAMI, FL 33179 IN THIS SPACE 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. (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be 11000000387185 FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 01/19/06-80028-020 150.00 OFFICERS AND DIRECTORS 10. TITLE REMEDIOS, NEYZA NAME STREET ADDRESS 14804 NW 87TH PLACE MIAMI LAKES, FL 33018 CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 71717 NAME STREET ADDRESS CITY-ST-ZIP NAME

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

O NAME OF SIGNING OFFICER OR DIRECTOR

FILED