

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 15, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90276 026 \*\*\*150.00

<b>DOCUMENT # P04000119819</b> 1. Entity Name <b>RELIABLE TRANS INC</b>					
Principal Place of Business <b>601 E. 36TH ST. HIALEAH FL 33013</b>			Mailing Address <b>601 E. 36TH ST. HIALEAH FL 33013</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>578 East 33 Street</b>  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State <b>Hialeah, FL</b> Zip      Country <b>33013      Dade</b>		4. FEI Number <b>20-1607089</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BRIOSO, BARBARA 5400 EAST 54TH AVENUE HIALEAH FL 33013</b>			7. Name and Address of New Registered Agent Name <b>Evelyn Arujasen</b> Street Address (P.O. Box Number is Not Acceptable) <b>601 East 36 Street</b> City <b>Hialeah</b> <b>FL</b> Zip Code <b>33013</b>		
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: <u><i>Evelyn Arujasen</i></u> DATE: <u>6-1-05</u> <small>(Signature, typed or printed name of registered agent and title if applicable)      (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing <b>\$5.00 May Be</b> Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D. ABUJASEN, EVELYN</b> <b>601 E. 36TH ST.</b> <b>HIALEAH FL 33013</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>Evelyn Arujasen</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4-6-05</u> <u>786-253-1965</u> <small>Date      Daytime Phone #</small>		