

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000110721

Entity Name: RELIABLE PROTECTIVE SERVICES INC.

FILED  
Feb 09, 2009  
Secretary of State

## Current Principal Place of Business:

127 F SPRINGWOOD CIRCLE  
LONGWOOD, FL 32750

## New Principal Place of Business:

127 F SPRINGWOOD CIRCLE  
LONGWOOD, FL 32750 US

## Current Mailing Address:

127 F SPRINGWOOD CIRCLE  
LONGWOOD, FL 32750

## New Mailing Address:

127 F SPRINGWOOD CIRCLE  
LONGWOOD, FL 32750 US

FEI Number: 26-3886508

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PINEDO, ALEJANDRO  
842 BAYBREEZE LANE  
ALTAMONTE SPRINGS, FL 32714 US

## Name and Address of New Registered Agent:

FUENTES, YOLIMARIS  
8491 PORT LANCASHIRE DR  
ORLANDO, FL 32829 US

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.

SIGNATURE: YOLIMARIS FUENTES

02/09/2009

Electronic Signature of Registered Agent

Date

## Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: FUENTES, YOLIMARIS  
Address: 8491 PORT LANCASHIRE DR  
City-St-Zip: ORLANDO, FL 32829

Title: V (X) Delete  
Name: PINEDO, ALEJANDRO  
Address: 842 BAYBREEZE LANE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YOLIMARIS FUENTES

P

02/09/2009

Electronic Signature of Signing Officer or Director

Date