

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 06, 2004 8:00 am**  
**Secretary of State**

07-06-2004 90008 034 \*\*\*158.75

**DOCUMENT # P93000074825**

1. Entity Name  
**RELIANCE APPRAISALS INC.**



**44046717**

Principal Place of Business  
**1450 MADRUGA AVE., STE. 206  
CORAL GABLES, FL 33146 US**

Mailing Address  
**1450 MADRUGA AVE., STE. 206  
CORAL GABLES, FL 33146 US**



06302004 Chg-P CR2E034 (10/03)

2. Principal Place of Business  
**13820 SW 73 AVE.**  
Suite, Apt. #, etc.

3. Mailing Address  
**13820 SW 73 AVE.**  
Suite, Apt. #, etc.

City & State  
**MIAMI FL**

City & State  
**MIAMI FL**

Zip  
**33158** Country  
**DADE**

Zip  
**33158** Country  
**DADE**

4. FEI Number  
**65-0452878**

Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MUELLE, MIGUEL**  
**1450 MADRUGA AVE, #201**  
**CORAL GABLES, FL 33146**

**7. Name and Address of New Registered Agent**

Name  
**Muelle, Miguel**

Street Address (P.O. Box Number is Not Acceptable)  
**13820 SW 73 AVE.**

City  
**MIAMI** State  
**FL** Zip Code  
**33158**

8. The above named entry 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 \$550.00**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MUELLE, MIGUEL</b> <b>1450 MADRUGA AVE, #201</b> <b>CORAL GABLES, FL 33146</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Miguel Muelle</b> <b>13820 SW 73 AVE.</b> <b>MIAMI, FL 33158</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**6/30/04 305-740-0690**

*Attached*  
**RELIANCE APPRAISALS, INC.**

*# 44046717*

13820 SW 73 Avenue  
Miami, Florida 33158  
(305) 740-0690 . Facsimile (305) 740-0608

June 30, 2004

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: 65-0452878 / Document No.: P93000074825

To Whom It May Concern:

Today, 6/30/04, we received in the mail a notification from the Division of Corporations stating the we were late. This is the first notice we receive.

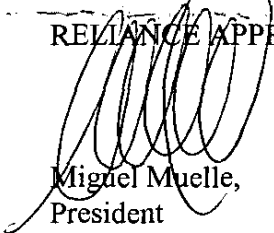
After speaking with a representative from your company, he stated that if we informed that this was the first notice, we could pay the fee of \$150.00 which I am enclosing herewith. I am also enclosing \$8.75 for the status certificate.

Please take note that we have moved and the new address are in the certificate.

If you have any questions, or are in need of any further information, please do not hesitate in contacting me.

Very truly yours,

RELIANCE APPRAISALS, INC.

  
Miguel Muelle,  
President