

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000091535**

1. Entity Name  
**RELAND CORPORATION**



Principal Place of Business  
**11 ALSTON ROAD  
PALM BEACH GARDENS, FL 33418**

Mailing Address  
**11 ALSTON ROAD  
PALM BEACH GARDENS, FL 33418**



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0563812**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

**FISCH, RALPH  
11 ALSTON ROAD  
PALM BEACH GARDENS, FL 33418**

**DO NOT WRITE  
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.

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	MISHAAN, ALBERTO
STREET ADDRESS	2333 BRICKELL AVE APT 1901
CITY - ST - ZIP	MIAMI, FL 33131
TITLE	T
NAME	MISHAAN, SALOMON G.
STREET ADDRESS	2333 BRICKELL AVE
CITY - ST - ZIP	MIAMI, FL 33131
TITLE	S
NAME	MISHAAN, ALAN R
STREET ADDRESS	24 RABBITS RUN
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418
TITLE	VP
NAME	MISHAAN, SALOMON A.
STREET ADDRESS	10175 COLLINS AVE APT. 1401
CITY - ST - ZIP	BAL HARBOUR, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 #

**1/14/03**

**561 241 5570**