

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

2004 MAY 21 PM 2: 59'

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000037599

1. Entity Name
RELIABLE WORKS, INC.



Principal Place of Business
14742 SOUTH BISCAYNE RIVER DRIVE
C/O ADRIENNE SWAIN
MIAMI, FL 33168

Mailing Address
14742 SOUTH BISCAYNE RIVER DRIVE
C/O ADRIENNE SWAIN
MIAMI, FL 33168



05192004 -No Chg-P, CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0756034

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SWAIN, ADRIENNE
14742 SOUTH BISCAYNE RIVER DRIVE
MIAMI, FL 33168

**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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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 PD
NAME MANN, ROGER
STREET ADDRESS 14742 SOUTH BISCAYNE RIVER DR
CITY-ST-ZIP MIAMI, FL 33168

TITLE S
NAME SWAIN, ADRIENNE
STREET ADDRESS 14742 SOUTH BISCAYNE RIVER DR
CITY-ST-ZIP MIAMI, FL 33168

TITLE
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CITY-ST-ZIP

700037045697
05/24/04--01079--015 **\$550.00

**DO NOT WRITE
IN THIS SPACE**

Vzm
5/21

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: *Adrienne L Swain, Secretary*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/04

Date

Daytime Phone #