

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 07, 2004 8:00 am
Secretary of State

06-07-2004 90007 011 ***550.00

DOCUMENT # P98000028954

1. Entity Name
RELIABLE OF MIAMI INC.



Principal Place of Business
**7810 NW 52 STREET
MIAMI, FL 33166**

Mailing Address
**P.O. BOX 650307
MIAMI, FL 33265 US**

14023511



01272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0823437	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RAMIREZ, JULIO
105 SW 104 CT
MIAMI, FL 33174**

**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	D
NAME	RAMIREZ, JULIO
STREET ADDRESS	PO BOX 650307
CITY-ST-ZIP	MIAMI, FL 33265
TITLE	D
NAME	RAMIREZ, BRENDA
STREET ADDRESS	PO BOX 650307
CITY-ST-ZIP	MIAMI, FL 33265
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: *Brenda Ramirez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/4/04 305-593-0666