

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90471 049 ***150.00

DOCUMENT # P99000041589 1. Entity Name RELIABLE SALLY'S GROUP INC.																															
Principal Place of Business 13680 NORTHWEST 19TH AVENUE BAY 16 OPA LOCKA, FL 33054		Mailing Address 13680 NORTHWEST 19TH AVENUE BAY 16 OPA LOCKA, FL 33054																													
2. Principal Place of Business 7985 W. 20 Ave Suite, Apt. #, etc.		3. Mailing Address 7985 W. 20 Ave Suite, Apt. #, etc.																													
City & State Hialeah FL. Zip 33014		City & State Hialeah FL. Zip 33014																													
Country USA		Country USA																													
4. FEI Number 65-0918980		Applied For <input type="checkbox"/> Not Applicable																													
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent DIAZ, DAMASO 13680 NORTHWEST 19TH AVENUE BAY 16 OPA LOCKA, FL 33054		7. Name and Address of New Registered Agent Name Angel Blanco Street Address (P.O. Box Number is Not Acceptable) 7985 W. 20 Ave City Hialeah FL Zip Code 33014																													
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> PTSD DIAZ, DAMASO 13680 NORTHWEST 19TH AVENUE OPA LOCKA, FL 33054 <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD DIAZ, DAMASO 13680 NORTHWEST 19TH AVENUE OPA LOCKA, FL 33054 <input type="checkbox"/> Delete													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition												
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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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/21/04 (786) 6217735 <small>Date Daytime Phone #</small>																													