## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000064354

Entity Name: RELIANCE PROPERTY SERVICES, INC.

FILED Apr 13, 2005 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

2018 NW 89TH AVENUE 8908 TAFT STREET

PEMBROKE PINE, FL 33024 PEMBROKE PINE, FL 33024

Current Mailing Address: New Mailing Address:

2018 NW 89TH AVENUE 8908 TAFT STREET

PEMBROKE PINE, FL 33024 PEMBROKE PINE, FL 33024

FEI Number: 65-0937546 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ALBERT, GLADYS CAMACHO, AURELIO 2018 NW 89TH AVENUE 8908 TAFT STREET

PEMBROKE PINE, FL 33024 US PEMBROKE PINES, FL 33024 US

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.

SIGNATURE: AURELIO CAMACHO 04/13/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition

Name:ALBERT, GLADYS CName:CAMACHO, AURELIOAddress:2018 NW 89TH AVENUEAddress:8908 TAFT STREET

City-St-Zip: PEMBROKE PINE, FL 33024 City-St-Zip: PEMBROKE PINE, FL 33024

Title: VD (X) Delete Title: ( ) Change ( ) Addition
Name: CAMACHO BELKIS Name:

 Name:
 CAMACHO, BELKIS
 Name:

 Address:
 2018 NW 89TH AVENUE
 Address:

 City-St-Zip:
 PEMBROKE PINE, FL 33024
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AURELIO CAMACHO PD 04/13/2005