2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P0400007430

1. Entity Name REVITA DEVELOPMENT CORP.



FILED May 02, 2006 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

8061 NW 155TH STREET MIAMI LAKES, FL 33016 8061 NW 155TH STREET MIAMI LAKES, FL 33016



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04252006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-1214785 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GASTESI, RAUL JR. 8105 NW 155TH STREET MIAMI LAKES, FL 33016

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entity submits this stateme	nt for the purpose of changing) its registered onice or re	gistered agent, or both, in	me state of Florida.	i am iamisas with, an	id accept
egistered agent						
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	entity submits this statement egistered agent.	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,	entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Horida. I am familiar with, an agistered 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, 2006 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT VAZQUEZ, JAVIER 8061 NW 155TH STREET MIAMI LAKES, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ROBLES, JESUS 8061 NW 155TH STREET MIAMI LAKES, FL 33016
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TITLE NAME STREET ADDRESS	

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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental poor 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 truefee 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:

CHY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/06 (305)825-7080