

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000060942

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** REVO ACADEMIC PAYMENTS INC.

**Current Principal Place of Business:**

223 EAST FLAGLER STREET #232  
MIAMI, FL 33131

**New Principal Place of Business:**

223 EAST FLAGLER STREET #232  
MIAMI, FL 33131 US

**Current Mailing Address:**

223 EAST FLAGLER STREET #232  
MIAMI, FL 33131

**New Mailing Address:**

223 EAST FLAGLER STREET #232  
MIAMI, FL 33131 US

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORBERA, MIKE  
223 EAST FLAGLER STREET #232  
MIAMI, FL 33131 US

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

REVO ACADEMIC  
223 EAST FLAGLER STREET #232  
MIAMI, FL 33131 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: MIKE CORBERA

04/20/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: CORBERA, MIKE  
Address: 223 EAST FLAGLER STREET #232  
City-St-Zip: MIAMI, FL 33131 US

I hereby 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 all other like empowered.

SIGNATURE: MIKE CORBERA

CEO

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date