

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L92589

Entity Name: REVOC, INC.

FILED
Apr 07, 2004
Secretary of State

Current Principal Place of Business:

1835 E. HAILANDALE
452
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

PO BOX 85066
HALLANDALE, FL 33008

New Mailing Address:

FEI Number: 65-0211992

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRAYND, SAUL
2200 HOLLYWOOD BLVD.
FIRST FLOOR
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

FRAYND, SAUL
PO BOX 85066
HALLANDALE, FL 33008 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: SAUL FRAYND

04/07/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: FRAYND, SAUL,
Address: 1835 E. HALLANDALE BEACH #452
City-St-Zip: HALLANDALE, FL 33009

Title: VTD () Delete
Name: FRAYND, SARA,
Address: 1835 E. HALLANDALE BEACH #452
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: SAUL FRAYND

PRES

04/07/2004

Electronic Signature of Signing Officer or Director

Date