

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L92589

Entity Name: REVOC, INC.

FILED
Feb 16, 2011
Secretary of State

Current Principal Place of Business:

1835 MIAMI GARDENS DR
144
N MIAMI BEACH, FL 33179

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 85066
HALLANDALE, FL 33008

New Mailing Address:

P.O. BOX 85066
P.O. BOX 85066
HALLANDALE, FL 33008

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
1835 MIAMI GARDENS DR
144
N MIAMI BEACH, FL 33179 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSD
Name: FRAYND, SAUL
Address: P.O. BOX 85066
City-St-Zip: HALLANDALE, FL 33008

Title: VTD
Name: FRAYND, SARA
Address: P.O. BOX 85066
City-St-Zip: HALLANDALE, FL 33008

Title: XXXX
Name: FRAYND, XXXXXX
Address: PO BOX 85066
City-St-Zip: HALLANDALE, FL 33008

Title: XXXX
Name: FRAYND, XXXXXX
Address: PO BOX 85066
City-St-Zip: HALLANDALE, FL 33008

Title: XXXX
Name: FRAYND, XXXXXX
Address: PO BOX 85066
City-St-Zip: HALLANDALE, FL 33008

Title: XXX
Name: FRAYND, XXXXXX
Address: PO BOX 85066
City-St-Zip: HALLANDALE, FL 33008

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: SAUL FRAYND

PRES

02/16/2011

Electronic Signature of Signing Officer or Director

Date