

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L92589

Entity Name: REVOC, INC.

FILED  
Feb 07, 2012  
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  
P.O. 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  
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

02/07/2012

Electronic Signature of Signing Officer or Director

Date