

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # M80726

1. Entity Name  
REVELATION SOUND, INC.



FILED

07 SEP 24 AM 9: 52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

12910 SW 132 CT  
MIAMI, FL 33186 US

Mailing Address

12910 SW 132 CT  
MIAMI, FL 33186 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09132007

Chg-P

CR2E034 (12/06)

4. FEI Number

65-0052186

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MELCHER, GORDON M.  
12910 SW 132 CT  
MIAMI, FL 33186

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Amended AR is \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	MELCHER, GORDON M	
STREET ADDRESS	15645 SW 87TH AVE	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	DTS	<input type="checkbox"/> Delete
NAME	MELCHER, SARAH M	
STREET ADDRESS	15645 SW 87TH AVE	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	AVPS	<input checked="" type="checkbox"/> Delete
NAME	LIMA, MANUEL A	
STREET ADDRESS	7211 N 24 AVE #2275	
CITY-ST-ZIP	HIALEAH, FL 33018	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	800110182098
CITY-ST-ZIP	10/02/07--01037--018 **61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305.255-2151

Gordon M. Melcher, Sec. Treas