


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90150 026 ***158.75

DOCUMENT # P00000058101 1. Entity Name REVIC CORPORATION	
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Principal Place of Business 7050 S.W. 86TH AVENUE MIAMI, FL 33143	Mailing Address 7050 S.W. 86TH AVENUE MIAMI, FL 33143
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DO NOT WRITE IN THIS SPACE



02092005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1022480	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PARLADE, ALBERTO J
7050 S.W. 86TH AVENUE
MIAMI, FL 33143

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD SARALDI, MIGUEL 7050 S.W. 86TH AVENUE MIAMI, FL 33143
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVO BARGRASER, MARISELA 7050 S.W. 86TH AVENUE MIAMI, FL 33143
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 # _____