



**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000116325 1. Entity Name RVAK, INC.	
---	---

Principal Place of Business 6100 PARK OF COMMERCE BLVD BOCA RATON, FL 33487	Mailing Address 6100 PARK OF COMMERCE BLVD BOCA RATON, FL 33487
---	---

**DO NOT WRITE IN THIS SPACE**

	
01212005	No Chg-P
CR2E034 (10/03)	
4. FEI Number 65-1062504	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JABLIN, ROBERT  
6100 PARK OF COMMERCE BLVD  
BOCA RATON, FL 33487

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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

1100000209235  
02/02/05-80030-002 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVO JABLIN, ROBERT 6100 PARK OF COMMERCE BLVD BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS JABLIN, ROBERT 6100 PARK OF COMMERCE BLVD BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JABLIN, ROBERT 6100 PARK OF COMMERCE BLVD BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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:  DATE: 1/10/05 DAYTIME PHONE #: 561-995-2414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR