

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000088795

FILED
Apr 30, 2004
Secretary of State

Entity Name: REVELATION BUSINESS, CORP.

Current Principal Place of Business:

5440 STATE ROAD 7
221
FORT LAUDERDALE, FL 33319

New Principal Place of Business:

Current Mailing Address:

1888 SALERNO CIR.
WESTON, FL 33327

New Mailing Address:

FEI Number: 65-1136772

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CADAGAN BUSINESS SOLUTIONS & ASSOC. INC.
5440 STATE ROAD 7
SUITE 221
FORT LAUDERDALE, FL 33319 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: PADRON, EDGAR
Address: 5440 STATE ROAD 7, SUITE 221
City-St-Zip: FORT LAUDERDALE, FL 33319

Title: VS () Delete
Name: TABOADA, MARIBEL
Address: 5440 STATE ROAD 7, SUITE 221
City-St-Zip: FORT LAUDERDALE, FL 33319

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MARIBEL TABOADA

VS

04/30/2004

Electronic Signature of Signing Officer or Director

_____ Date