


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 24, 2004 8:00 am
Secretary of State

06-24-2004 90078 030 ***550.00

DOCUMENT # P02000103063 1. Entity Name REVO SERVICES, INC.	
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Principal Place of Business 494 NW 52ND AVE. DELRAY BEACH, FL 33445 <i>2345 10th Rd SW Ste 234 VERO BEACH, FL 32962</i>	Mailing Address 494 NW 52ND AVE. DELRAY BEACH, FL 33445 <i>SAME</i>
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01232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0002378	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SILVA, ROMMEL J 404 NW 52ND AVE. DELRAY BEACH, FL 33445 <i>2345 10th Rd SW, Suite 234 VERO BEACH FL 32962</i>
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SILVA, ROMMEL J 494 NW 52ND AVE. DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD NEDERR, TAHENYS J 494 NW 52ND AVE. DELRAY BEACH, FL 33445
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**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 no address, with all other like empowered.

SIGNATURE: <i>[Signature]</i> ROMMEL J. SILVA	2-23-2004	772-778-3109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #