2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/5/2

FILED
Jun 23, 2004 8:00 am
Secretary of State
05-05-2004 90205 034 ***150.00

DOCUMENT # P03000087371

1. Entity Name
REVICI METHODS FOR LIFE, CORP.

Principal Place of Business	Mailing Address
12955 BISCAYNE BOULEVARD SUITE 202 NORTH MIAMI, FL 33181	12955 BISCAYNE BOULEVARD SUITE 202 NORTH MIAMI, FL 33181

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04142004 Chg-P CR2E034 (10/03)

4. FEI Number — XX Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
POMERANZ, MARK L ESQUIRE 12955 BISCAYNE BOULEVARD SUITE 202 NORTH MIAMI, FL 33181	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] 4/29/04
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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P AVRAM, ELEANOR 12955 BISCAYNE BOULEVARD, SUITE 202 NORTH MIAMI, FL 33181	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DVORAK, ILAN MD 12955 BISCAYNE BOULEVARD, SUITE 202 NORTH MIAMI, FL 33181	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: L Avram 4.29.04 212-5952227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #