

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90046 031 ***158.75

DOCUMENT # P03000121958
 1. Entity Name
REV TECH ENTERPRISES, INC.



Principal Place of Business: **2530 CLIFFDALE ST OCOEE FL 34761**
 Mailing Address: **2530 CLIFFDALE ST OCOEE FL 34761**

2. Principal Place of Business: **345 W. MAIN ST.**
 Suite, Apt. #, etc.

3. Mailing Address: **345 W. MAIN ST.**
 Suite, Apt. #, etc.

City & State: **APOPKA FLORIDA**
 Zip: **32712** Country: **U.S.A.**

City & State: **APOPKA FLORIDA**
 Zip: **32712** Country: **U.S.A.**

6. Name and Address of Current Registered Agent
MAHARAJ, GANGA P
2530 CLIFFDALE ST
OCOEE FL 34761

4. FEI Number: **20-0345856**
 Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 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 _____ 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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE: P <input type="checkbox"/> Delete	NAME: MAHARAJ, DEOMATI
STREET ADDRESS: 2530 CLIFFDALE ST	CITY-ST-ZIP: OCOEE FL 34761
TITLE: V <input type="checkbox"/> Delete	NAME: MAHARAJ, KAILASH
STREET ADDRESS: 2530 CLIFFDALE ST	CITY-ST-ZIP: OCOEE FL 34761
TITLE: T <input type="checkbox"/> Delete	NAME: MAHARAJ, NIRMALA N
STREET ADDRESS: 2530 CLIFFDALE ST	CITY-ST-ZIP: OCOEE FL 34761
TITLE: S <input type="checkbox"/> Delete	NAME: MAHARAJ, GANGA P
STREET ADDRESS: 2530 CLIFFDALE ST	CITY-ST-ZIP: OCOEE FL 34761
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Kailash Maharaj **2-26-04** **407-410-0031**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #