

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000147355

1. Entity Name
REVA ANYWHERE INC.



Principal Place of Business
**3219 SOUTH ANDREWS AVE.
FORT LAUDERDALE, FL 33316**

Mailing Address
**3219 SOUTH ANDREWS AVE.
FORT LAUDERDALE, FL 33316**

DO NOT WRITE IN THIS SPACE



05072007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-3815392

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BRUNIER, JACQUES
929 SW 18TH STREET
FORT LAUDERDALE, FL 33315**

**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 _____
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
Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	BRUNIER, JACQUES
STREET ADDRESS	929 SW 18TH STREET
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315

TITLE	VP
NAME	GAILLARD, JOCELYNE
STREET ADDRESS	929 SW 18TH STREET
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315

TITLE	SEC
NAME	BRUNIER, JACQUES
STREET ADDRESS	929 SW 18TH STREET
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: JOCELYNE GAILLARD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-07-07
Date

954-527-0716
Daytime Phone #