

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000080831

FILED
Jun 23, 2009
Secretary of State

Entity Name: REVELATION FLOORING INC

Current Principal Place of Business:

2803 W SLIGH AVE
TAMPA, FL 33614 US

New Principal Place of Business:

3132 W LAMBRIGHT AVE
608
TAMPA, FL 33614 US

Current Mailing Address:

2803 W SLIGH AVE
615
TAMPA, FL 33614 US

New Mailing Address:

3132 W LAMBRIGHT AVE
608
TAMPA, FL 33614 US

FEI Number: 26-3288439

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSPIGLIOSI RENGIFO, ROSA R
2803 W SLIGH AVE
615
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

ROSPIGLIOSI RENGIFO, ROSA R
3132 W LAMBRIGHT AVE
608
TAMPA, FL 33614 US

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: ROSA R ROSPIGLIOSI RENGIFO

06/23/2009

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROSPIGLIOSI RENGIFO, ROSA R
Address: 2803 W SLIGH AVE #615
City-St-Zip: TAMPA, FL 33614 US

Title: VP () Delete
Name: GUSMAO, ARQUIMEDES
Address: 2803 W SLIGH AVE #615
City-St-Zip: TAMPA, FL 33614 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ROSPIGLIOSI RENGIFO, ROSA R
Address: 3132 W LAMBRIGHT AVE #608
City-St-Zip: TAMPA, FL 33614 US

Title: VP (X) Change () Addition
Name: GUSMAO, ARQUIMEDES
Address: 3132 W LAMBRIGHT AVE #608
City-St-Zip: TAMPA, FL 33614 US

Title: S () Change (X) Addition
Name: DA CUNHA, EMERSON M
Address: 3132 W LAMBRIGHT AVE #608
City-St-Zip: TAMPA, FL 33614 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ARQUIMEDES GUSMAO

VP

06/23/2009

Electronic Signature of Signing Officer or Director

Date