


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90038 032 \*\*\*150.00

**DOCUMENT # P94000022474**

1. Entity Name  
**AREVLIS, INCORPORATED**



Principal Place of Business      Mailing Address

**1220 WINDING CHASE BLVD.**      **1220 WINDING CHASE BLVD.**  
**WINTER SPRINGS, FL 32708 US**      **WINTER SPRINGS, FL 32708 US**

**DO NOT WRITE IN THIS SPACE**



04272607    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-3228117**       Not Applied For

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

6. Name and Address of Current Registered Agent:

**SILVERA, DERRICK P**  
**1220 WINDING CHASE BLVD**  
**WINTER SPRINGS, FL 32708**

**DO NOT WRITE IN THIS SPACE**

8. This entity hereby certifies this statement for the purpose of changing its registered office or registered agent or both in the State of Florida, to the individual and address and assumes the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing       **\$5.00** Added to Fees  
 Trust Funds Contribution

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE <b>DIRECTOR</b> <b>SILVERA, DERRICK P</b> <b>1220 WINDING CHASE BLVD</b> <b>WINTER SPRINGS, FL 32708</b>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE <b>DIRECTOR</b> <b>SILVERA, THERESA L</b> <b>1220 WINDING CHASE BLVD</b> <b>WINTER SPRINGS, FL 32708</b>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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12. I hereby certify that the information furnished in this report does not equal to a false statement, and that I am a resident of the State of Florida. I understand that the information indicated on this report is supplemental to the report and cooperate and that my signature shall have the same legal effect as if I were personally present at the time of the report and that I am an officer or director of the corporation, or the receiver or trustee appointed to execute his duties as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, upon attachment with address with a letter to the empowered.

**SIGNATURE:** \_\_\_\_\_  
 SIGNATURE AND TITLE OF PRINT NAME OF SIGNING OFFICER OR DIRECTOR

**4/27/07 (407)341-8000**