


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # S42269
 1. Entity Name
 REVA CORP. OF SOUTH FLORIDA



Principal Place of Business
 2556 DAHOON AVENUE
 BOX 13
 COCONUT CREEK, FL 33063 US

Mailing Address
 2556 DAHOON AVE
 COCONUT CREEK, FL 33063 US

DO NOT WRITE IN THIS SPACE



01232006 No Chg-P CR2E034 (11/05)

4. FEI Number
 65-0252851 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 GRONNER, JOHN H.
 2556 DAHOON AVENUE BOX 13
 COCONUT CREEK, FL 33063

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and file if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GRONNER, JOHN H.
STREET ADDRESS	2556 DAHOON AVENUE
CITY-ST-ZIP	COCONUT CREEK, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 03/03/06-80023-011 150.00

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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: John H. Gronner 2/14/06 454/984-0196
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #