


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90033 024 ***150.00

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
--	--

40025407



2. Principal Place of Business - No P.O. Box # LAKEWOOD - 7 GREEN WILLOWS DR	3. Mailing Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01182008 Chg-P CR2E034 (12/06)

City & State LAKEWOOD N.J	City & State SAME	4. FEI Number 65-0252851	Applied For <input type="checkbox"/> Not Applicable
Zip 08701	Country USA	Zip SAME	Country USA

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		7. Name and Address of New Registered Agent Name KENNETH LIEBERMAN Street Address (P.O. Box Number is Not Acceptable) 800 E 6-PRESS CRK RD SUITE 200 City FT. LAUDERDALE FL Zip Code 33334	
--	--	---	--

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 *Kenneth Lieberman* DATE 2/7/08
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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRONNER, JOHN H. 2556 DAHOON AVENUE COCONUT CREEK, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES. GRONNER, JOHN H. 7 GREEN WILLOWS DR. LAKEWOOD N.J. 08701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Pres.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/08
Date

732/262-9187
Daytime Phone #