


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90094 008 \*\*\*150.00

**DOCUMENT # M11080**

1. Entity Name  
**YOVANIS ENTERPRISES, INC.**



Principal Place of Business      Mailing Address

**3100 BROADWAY**      **3100 BROADWAY**  
**RIVIERA BEACH, FL 33404**      **RIVIERA BEACH, FL 33404**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

03252007      Chg-P      CR2E034 (12/06)



4. FEI Number      Applied For

**59-2636259**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SELLARI, GARY B**  
~~**560 VILLAGE BLVD.**~~  
~~**SUITE 335**~~  
**WEST PALM BEACH, FL 33409**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

**420 COLUMBIA DR., SUITE 110**

City      State      Zip Code

**WEST PALM BEACH      FL      33409**

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 \_\_\_\_\_ DATE \_\_\_\_\_

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, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	GIOVANIS, CHRISTOS	
STREET ADDRESS	3301 BROADWAY	
CITY-ST-ZIP	RIVIERA BEACH, FL 33404	
TITLE	S	<input type="checkbox"/> Delete
NAME	SELLARI, GARY B	
STREET ADDRESS	<del>560 VILLAGE BLVD. SUITE 335</del>	
CITY-ST-ZIP	WEST PALM BEACH, FL 33409	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>420 COLUMBIA DR., SUITE 110</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH, FL. 33409</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**  **CHRISTOS GIOVANIS-PRES.**      **4/20/07 (561)622-7810**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #