

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M11080

**FILED**  
**Apr 28, 2009**  
**Secretary of State**

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

**Current Principal Place of Business:**

3100 BROADWAY  
RIVIERA BEACH, FL 33404

**New Principal Place of Business:**

**Current Mailing Address:**

3301 BROADWAY  
RIVIERA BEACH, FL 33404

**New Mailing Address:**

FEI Number: 59-2636259

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SELLARI, GARY B  
420 COLUMBIA DR  
SUITE 110  
WEST PALM BEACH, FL 33409 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GIOVANIS, CHRISTOS  
Address: 3301 BROADWAY  
City-St-Zip: RIVIERA BEACH, FL 33404

Title: S ( ) Delete  
Name: SELLARI, GARY B  
Address: 420 COLUMBIA DR STE 110  
City-St-Zip: WEST PALM BEACH, FL 33409

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GARY SELLARI

AGEN

04/28/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date