

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 663705

FILED  
Jan 07, 2005  
Secretary of State

Entity Name: AVIV TAXI CORP.

## Current Principal Place of Business:

17221 N.E. 11TH AVENUE  
N MIAMI BEACH, FL 33162

## New Principal Place of Business:

## Current Mailing Address:

17221 N.E. 11TH AVENUE  
N MIAMI BEACH, FL 33162

## New Mailing Address:

FEI Number: 59-2334684

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SIAMA, RACHEL  
17221 N.E. 11TH AVENUE  
N. MIAMI BEACH, FL 33162 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: SIAMA, RACHEL,  
Address: 17221 N.E. 11TH AVE.  
City-St-Zip: N MIAMI BEACH, FL

Title: VP ( ) Delete  
Name: SIAMA, ISHAK  
Address: 17221 N.E. 11TH AVE.  
City-St-Zip: NORTH MIAMI BEACH, FL

Title: S ( ) Delete  
Name: SIAMA, HAIM  
Address: 2440 NE 200TH ST  
City-St-Zip: N MIAMI BEACH, FL 33182

Title: T ( ) Delete  
Name: SELA, AVIVA  
Address: 3935 SW 53RD CT  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: D ( ) Delete  
Name: SIAMA, DROR  
Address: 3500 NE 191ST ST #1507  
City-St-Zip: AVENTURA, FL 33180

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 for the exemption stated in Section 119.07(3)(i), 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: RACHEL SIAMA

P

01/07/2005

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

\_\_\_\_\_  
Date