

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000034237**

1. Entity Name  
**GAV-YAM DEVELOPMENT, INC.**



Principal Place of Business  
**500 BAYVIEW DR  
430  
SUNNY ISLES BEACH, FL 33160 US**

Mailing Address  
**P.O. BOX 601052  
N. MIAMI BEACH, FL 33160 US**



04042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0616606**

Applied For  
Not Applicable

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

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

**SIAMA, SHLOMO  
500 BAYVIEW DR  
SUITE 430  
SUNNY ISLES BEACH, FL 33160**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

U000000886406  
04/18/08-80050-011 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
SIAMA, SHLOMO  
500 BAYVIEW DR  
SUNNY ISLES, FL 33160**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
KATZ, SHARON  
3227 NE 212 ST  
MIAMI, FL 33180**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
SIAMA, SHERRY  
3375 N. COUNTRY CLUB DR #905  
AVENTURA, FL 33180**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Shlomo Siama R.A.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/4/08*  
Date

Daytime Phone #