

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000022192

FILED  
Feb 07, 2009  
Secretary of State

Entity Name: GAV-YAM CORPORATION

**Current Principal Place of Business:**

17221 NE 11TH AVE  
N MIAMI BEACH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

17221 NE 11TH AVE  
N MIAMI BEACH, FL 33162

**New Mailing Address:**

FEI Number: 65-0902110      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SIAMA, ISHAK  
17221 NE 11TH AVE  
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, ISHAK  
Address: 17221 NE 11TH AVE  
City-St-Zip: N MIAMI BEACH, FL 33162

Title: VP ( ) Delete  
Name: SIAMA, RACHEL  
Address: 17221 NE 11TH AVE  
City-St-Zip: N MIAMI BEACH, FL 33162

Title: S ( ) Delete  
Name: SIAMA, HAIM  
Address: 2440 NE 200 ST  
City-St-Zip: MIAMI, FL 33179

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

Title: D ( ) Delete  
Name: SIAMA, DROR  
Address: 3500 NE 151 ST. APT 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 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: ISHAK SIAMA

P

02/07/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date