

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000039053

Entity Name: YOGA CURE INC.

Current Principal Place of Business:

4419 W. HILLSBORO BLVD.
COCONUT CREEK, FL 33073

Current Mailing Address:

4419 W. HILLSBORO BLVD.
COCONUT CREEK, FL 33073 US

FEI Number: 47-4598889

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CALTABIANO, NANCY
4419 W. HILLSBORO BLVD.
COCONUT CREEK, FL 33073 US

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

Officer/Director Detail :

Title P
Name BARRASS, MATTHEW
Address 8500 WATERCREST CIR W
City-State-Zip: PARKLAND FL 33076

Title VP
Name CALTABIANO, NANCY
Address 8500 WATERCREST CIR W
City-State-Zip: PARKLAND FL 33076

I hereby 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 all other like empowered.

SIGNATURE: NANCY CALTABIANO

VP

03/08/2017

Electronic Signature of Signing Officer/Director Detail

Date