

**2016 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, MATT  
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

Title S  
Name BARRASS, JENNIFER  
Address 4419 W. HILLSBORO BLVD  
City-State-Zip: COCONUT CREEK FL 33073

*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

VICE PRESIDENT

04/29/2016

Electronic Signature of Signing Officer/Director Detail

Date