2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jul 27, 2004 8:00 am Secretary of State

						tary or	
DOCUMENT # 715526 1. Entity Name LIGHT OF SIVANANDA VALENTINA, INC.						004 90 3 71 004 *	
Principal Place of Business 3475 ROYAL PALM AVENUE MIAMI BCH., FL 33140		Mailing Address 3475 ROYAL PALM AVENUE MIAMI BCH., FL 33140			6430677		 [
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04152004	Chg-NP	CR2E037 (10/0	3)
City & State		City & State		4. FEI Numb 59-621	5230	•	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate	of Status Desired	□ \$8.75 Fee Reg	Additional uired
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New	legistered Agent"	
KLEIN, DONALD M., ESQ. 2665 SOUTH BAYSHORE DR- STE 903 COCONUT GROVE, FL 33133			Name		وسند رسب معنوس		
			Street Add	Street Address (P.O. Box Number is Not Acceptable)			
COCONO	1 GROVE, 1 E 33133						
			City			FL Zip (Code
	named entity submits this statement foi ions of registered agent.	r the purpose of changing its	registered office or re	egistered agent, or bo	th, in the State of F	lorida. I am familiar w	rith, and accept
SIGNATURE .			•				
	Signature, typed or printed name of registered agent	and title if applicable. ~ - (NOTE	: Registered Agent signature	e required when reinstating)		DATE	
		- 	npaign Financing	\$5.00 May E		DATE Make check payab urida Department o	
10.	Signature, typed or printed name of registered agent	9. Election Can Trust Fund C	npaign Financing	\$5.00 May B	Fic	Make check payab	f State
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2004	9. Election Can Trust Fund C	npaign Financing Contribution.	\$5.00 May B	Fic	Make check payab rida Department o	f State S IN 10
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-23-04 305-531-6384

Daytime Phone