

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715526

FILED  
May 02, 2008  
Secretary of State

Entity Name: LIGHT OF SIVANANDA VALENTINA, INC.

**Current Principal Place of Business:**

3475 ROYAL PALM AVENUE  
MIAMI BEACH., FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

3475 ROYAL PALM AVENUE  
MIAMI BEACH., FL 33140

**New Mailing Address:**

FEI Number: 59-6215230      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

KLEIN, DONALD M., ESQ.  
2665 SOUTH BAYSHORE DR- STE 903  
COCONUT GROVE, FL 33133      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

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: PINDER, JEAN,  
Address: 284 COSTA BRAVO DR.  
City-St-Zip: ISLAMORADA, FL

Title: D      ( ) Delete  
Name: PHELAN, JACK,  
Address: 3175 PRAIRIE AVENUE  
City-St-Zip: MIAMI BEACH, FL

Title: D      ( ) Delete  
Name: WISE, TOM,  
Address: 950 SW 21ST AVE #PHE  
City-St-Zip: PORTLAND, OR 97205

**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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK PHELAN

D

05/02/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date