



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90017 038 ****61.25

DOCUMENT # F96000002667 1. Entity Name SIDDHA YOGA DHAM AFFILIATE OF MIAMI, INC.					
Principal Place of Business 1700 SW 3RD AVE MIAMI, FL 33129 US			Mailing Address 1700 SW 3RD AVE MIAMI, FL 33129 US		
2. Principal Place of Business 3119 CORAL WAY Suite, Apt. #, etc. Suite 201 City & State MIAMI FLORIDA Zip 33143 Country USA		3. Mailing Address 3119 CORAL WAY Suite, Apt. #, etc. Suite 201 City & State MIAMI FLORIDA Zip 33143 Country USA			
02262006 Chg-NP CR2E037 (11/05)				4. FEI Number 94-3239066	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MIGLIACCIO, CHRIS 18710 BELMONT DR MIAMI, FL 33157			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>CHRIS MIGLIACCIO</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>		<u>Chris Migliaccio</u> <small>(NOTE: Registered Agent Signature required when reinstating)</small>		<u>3-25-06</u> <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC ELSENBERG, BARBARA 2500 NE 185TH ST #1201 MIAMI, FL 33181	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIGLIACCIO, CHRIS 18710 BELMONT DR MIAMI, FL 33157	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHNSON, LOUISE H PO BOX 640153 MIAMI, FL 33164	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Barbara Eisenberg</u> BARBARA 3/26/06 305 9494450 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					