

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000007620

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** PURE BHAKTI YOGA SOCIETY, INC.

**Current Principal Place of Business:**

2220 SW 21 ST  
MIAMI, FL 33145

**New Principal Place of Business:**

**Current Mailing Address:**

2220 SW 21 ST  
MIAMI, FL 33145

**New Mailing Address:**

**FEI Number:** 90-0699975

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCOVILLE, MARY ESQ  
100 ALMERIA AVE, SUITE 340  
CORAL GABLES, FL 33134 US

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

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:** PD  
**Name:** LOZANO, LIBARDO  
**Address:** 3007 BIRD AVE #6  
**City-St-Zip:** COCONUT GROVE, FL 33133

**Title:** VPD  
**Name:** MONSALVE, YUDITH  
**Address:** 2220 SW 21 ST  
**City-St-Zip:** MIAMI, FL 33145

**Title:** SD  
**Name:** SCOVILLE, MARY  
**Address:** 100 ALMERIA AVE, SUITE 340  
**City-St-Zip:** CORAL GABLES, FL 33134

**Title:** TD  
**Name:** ANIRUDHSINGH, VIRUDH  
**Address:** 1720 N 50 AVE  
**City-St-Zip:** HOLLYWOOD, FL 33021

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

**SIGNATURE:** LIBARDO LOZANO

PD

04/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date