

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 29, 2004 08:00 AM
Secretary of State**

DOCUMENT #N99000006300

**1. Entity Name
SYNERGY YOGA CENTER, INC.**



**Principal Place of Business
435 ESPAÑOLA WAY
MIAMI BEACH, FL 33139 US**

**Mailing Address
435 ESPAÑOLA WAY
MIAMI BEACH, FL 33139 US**



02062004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
65-0962508**

**Applied For
Not Applicable**

**5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STEWART, EILEEN
435 ESPAÑOLA WAY
MIAMI BEACH, FL 33139**

**DO NOT WRITE
IN THIS SPACE**

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

Eileen Stewart
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restate.)

4/26/04
DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

**9. Election Campaign Financing
Trust Fund Contribution. ☐**

**\$5.00 May Be
Added to Fees**

U00000140833

04/29/04 88178 014 61.25

10. OFFICERS AND DIRECTORS

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**
D
STEWART, EILEEN
135 OCEAN DR #508
MIAMI BEACH, FL 33139

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**
D
BUDHAI, MICHELLE
4301 PRAIRIE AVE
MIAMI BEACH, FL 33140

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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IN THIS SPACE**

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:

Michelle Budhai
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04
DATE

(305) 538-7073
Daytime Phone #