


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2005 8:00 am
Secretary of State

05-25-2005 90004 033 ****61.25

| | | | | | |
|---|---|---|---|---|--|
| 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 | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| STEWART, EILEEN 435 ESPAÑOLA WAY MIAMI BEACH, FL 33139 | | | | Name Carlos Roman, Director Street Address (P.O. Box Number is Not Acceptable) 435 Espanola Way Miami Bch City FL Zip Code 33139 | |
| 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>Carlos Roman</u> <u>[Signature]</u> <u>5/15/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 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 | D <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | STEWART, EILEEN | | NAME | | |
| STREET ADDRESS | 136 OCEAN DR #608 301 Ocean Dr. #607 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI BEACH, FL 33139 | | CITY-ST-ZIP | | |
| TITLE | D <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BUDHAI, MICHELLE | | NAME | | |
| STREET ADDRESS | 4301 PRAIRIE AVE 510 W 30th St. | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI BEACH, FL 33140 | | CITY-ST-ZIP | | |
| TITLE | D <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | Jessie m. Abad | | NAME | | |
| STREET ADDRESS | 5700 COLLINS AVENUE, Apt 12F | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI BEACH FL 33140 | | CITY-ST-ZIP | | |
| TITLE | D <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | DEBORAH GILBERTSON | | NAME | | |
| STREET ADDRESS | 44 NW 20th Street Miami | | STREET ADDRESS | | |
| CITY-ST-ZIP | FL 33127 | | CITY-ST-ZIP | | |
| TITLE | D <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | J. CARLOS ROMAN | | NAME | | |
| STREET ADDRESS | 1300 ALTON RD #7B | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI BEACH, FL 33139 | | CITY-ST-ZIP | | |
| TITLE | D <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | Keshia Abraham, PhD | | NAME | | |
| STREET ADDRESS | 140 NE 130th St. | | STREET ADDRESS | | |
| CITY-ST-ZIP | N. Miami FL 33161 | | CITY-ST-ZIP | | |
| 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <u>5/15/05</u> <u>786.262-0813</u> <small>Date Daytime Phone #</small> | | |