

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 16, 2008 8:00 am**  
**Secretary of State**

05-16-2008 90018 033 \*\*\*158.75

DOCUMENT # P00000050996			
1. Entity Name YOGA GROVE, INC.			
Principal Place of Business 3100 S DIXIE HWY 401 MIAMI, FL 33133		Mailing Address 3100 S DIXIE HWY 401 MIAMI, FL 33133	
2. Principal Place of Business - No P.O. Box # 4148 VENTURA AVENUE		3. Mailing Address 4148 VENTURA AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State COCONUT GROVE, FLORIDA		City & State COCONUT GROVE, FLORIDA	
Zip 33133		Zip 33133	
Country MIAMI-DADE		Country MIAMI-DADE	
4. FEI Number 65-1013829		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VALDES-FAULI CORPORATE SERVICES, INC. ONE BISCAYNE TOWER SUITE 3400 W SOUTH BISCAYNE BLVD. MIAMI, FL 33131		7. Name and Address of New Registered Agent Name GALLARDO, MARISSA Street Address (P.O. Box Number is Not Acceptable) 4148 VENTURA AVENUE SUITE # 401 City COCONUT GROVE FL Zip Code 33133	
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 <i>Marissa Gallardo</i>		MARISSA GALLARDO	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
DATE 05/14/2008		DATE	
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALLARDO, MARISSA 4148 VENTURA AVE. COCONUT GROVE, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 607, 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: <i>Marissa Gallardo</i>		MARISSA GALLARDO	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		05/14/2008 (305) 223-2670	
		Daytime Phone #	

May 14, 2008

ATTACHMENT

Florida Department of State  
Uniform Business Report  
Division of Corporations  
PO Box 1500  
Tallahassee, Florida 32302-1500

40103118

Subject: YOGA GROVE, INC.  
Document No. P00000050996

Dear Sir or Madam:

We want to inform you that we did not receive The 200 Uniform Business Report on time. After two months of having called, we still have received the form. We just realized that it could be downloaded from the internet which we did not have access previously.

Due to the above-mentioned inconvenience, we did not send the payment before, until now. We are soliciting you to please waive the assigned late fees. Your sense of fairness and kindness will be much appreciated.

Do not hesitate to contact us for further information at (305) 223-2670 or (786) 306-5687 We will be waiting for your prompt and positive response.

Cordially,

*Marissa Gallardo*

Marissa Gallardo  
President