

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 08, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90019 047 \*\*\*150.00

2/

<b>DOCUMENT # P00000077935</b> 1. Entity Name <b>CENTER FOR YOGA SHAKTI INC</b>					
Principal Place of Business <b>1437 SALE HARBOR CIR. TARPON SPRINGS FL 34689</b>			Mailing Address <b>1437 SALE HARBOR CIR. TARPON SPRINGS FL 34689</b>		
2. Principal Place of Business <b>2625 KEYSTONE RD</b> Suite, Apt. #, etc. <b>A-2</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>TARPON SPRINGS</b>		City & State			
Zip <b>FL</b>	Country <b>34688</b>	Zip	Country		
6. Name and Address of Current Registered Agent <b>NIVARGIKAR, ANITA 1437 SALE HARBOR CIRCLE TARPON SPRINGS FL 34689</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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>Anita Nivargikar</u> DATE <u>2/12/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!!! FEE IS \$150.00</b> <b>After May 1, 2004, Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS NIVARGIKAR, ANITA 1437 SALE HARBOR CIRCLE TARPON SPRINGS FL 34689		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 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: <u>Anita Nivargikar</u>			Date: <u>2/27/04</u>		Daytime Phone #: <u>727-937-4744</u>

66429563



MOORE CR2E034 (11/03)

4. FEI Number **59-3663180** Applied For ☐ Not Applicable ☐

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

P.S. - Sorry for not mailing it back right away, I just saw this mail in my file.  
Sincerely, Anita Nivargikar