

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000117158

FILED
Apr 06, 2006
Secretary of State

Entity Name: YOGA INSTITUTE OF MIAMI, INC.

Current Principal Place of Business:

9350 SO. DADELAND BLVD.
207
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

6551 SW 76 ST
SOUTH MIAMI, FL 33143

New Mailing Address:

FEI Number: 65-1066696

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDIN, BARBARA
6551 SW 76 ST.
MIAMI, FL 33143 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GOLDIN, BARBARA
Address: 6551 SW 76 ST
City-St-Zip: SOUTH MIAMI, FL 33143

Title: D () Delete
Name: GOLDIN, KEITH
Address: 14550 SW 84 CT
City-St-Zip: MIAMI, FL 33156

Title: D () Delete
Name: LOVE, KANDY
Address: 15951 MCGREGOR BLVD.
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: DOWNEY, TIMOTHY
Address: 6551 SW 76 ST
City-St-Zip: SOUTH MIAMI, FL 33143

Title: D () Delete
Name: GOLDIN, STEVEN
Address: 9500 SO DADELAND BLVD
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA GOLDIN

PD

04/06/2006

Electronic Signature of Signing Officer or Director

Date