

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 24, 2004 8:00 am**  
**Secretary of State**

02-24-2004 90018 027 \*\*\*158.75

DOCUMENT # P01000019121

1. Entity Name  
YOGIDARSHAN INC



Principal Place of Business

14012 7TH ST  
DADE CITY, FL 33525

Mailing Address

36108 SR 52 P.O. Box 2276  
DADE CITY, FL 33525 33526

**DO NOT WRITE IN THIS SPACE**



02162004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3699268

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

PATEL, RAJUL D  
14012 7TH ST  
DADE CITY, FL 33525

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
PATEL, RAJUL  
36108 SR 52  
DADE CITY, FL 33525

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
PATEL, NITA  
36108 SR 52  
DADE CITY, FL 33525

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 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/18/04

Date

352 585 0386

Daytime Phone #