

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2007 8:00 am
Secretary of State

07-25-2007 90046 016 ***150.00

DOCUMENT # P03000102428

1. Entity Name
YOGI INTERNATIONAL INC



Principal Place of Business
**13500 TAMiami TRAIL N.
WIGGINS PASS PLAZA UNIT #10
NAPLES, FL 34110 US**

Mailing Address
**13500 TAMiami TRAIL N.
WIGGINS PASS PLAZA UNIT #10
NAPLES, FL 34110 US**

40127085



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07192007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
NOT APPLICABLE

Apply if
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCLEOD, RODERICK D
2419 EAST MALL DRIVE
FORT MYERS, FL 33901**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature typed or printed name of the person

Signature typed or printed name of the person

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **SHETH, BHAVESH J**
CITY ST ZIP **3150 LA COSTA CIR APT 203
NAPLES, FL 34105**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **SHETH, HARISH J**
CITY ST ZIP **3150 LA COSTA CIR APT 203
NAPLES, FL 34105**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☒ Delete
NAME **P**
STREET ADDRESS **SHETH, HARISH J**
CITY ST ZIP **3150 LA COSTA CIRCLE, APT 203
NAPLES, FL 34105**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **SHETH, BHAVESH J**
CITY ST ZIP **3150 LA COSTA CIRCLE, APT 203
NAPLES, FL 34105**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

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: **X B J. Sheth (BHAVESH J SHETH)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 23, 07 239-513-2122

DATE