


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 23 AM 8:00

03-04-2004 90006 003 ***150.00

DOCUMENT # P03000126178		
1. Entity Name GREEN TARA YOGA, INC.		

Principal Place of Business 937 FLEMING STREET KEY WEST FL 33040	Mailing Address POST OFFICE BOX 569 KEY WEST FL 33041
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2. Principal Place of Business 925 White Street	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Key West FL	City & State
Zip 33040	Country USA



MOORE

CR2E034 (11/03)

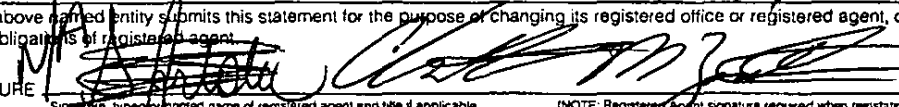
MP

4. FEI Number 20-0296488	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SOUTHWEST 22 STREET, 4TH FLOOR MIAMI FL 33145
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7. Name and Address of New Registered Agent Name: Christian Zuch Street Address (P.O. Box Number is Not Acceptable): 937 Fleming Street City: Key West FL Zip Code: 33040
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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: 	DATE: 2/20/2004
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Sofia Artola 925 White St. Key West, FL 33040	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit
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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 changed, or on an attachment with an address, with all other like empowered.
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SIGNATURE: 	DATE: 2/20/2004	Daytime Phone #
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