

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2005 8:00 am
Secretary of State

06-08-2005 90002 029 ***150.00

DOCUMENT # P04000011967 1. Entity Name YOGIKRUPA & DNM, INC.					
Principal Place of Business 651 DEAUVILLE DRIVE #1 MONROEVILLE, PA 15146 2110 46TH AVE WEST APT. 23, BRADENTON FL 34207			Mailing Address 2110 46TH AVE WEST APT. 23 MONROEVILLE, PA 15146 BRADENTON FL 34207		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-0687506	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/>	
6. Name and Address of Current Registered Agent HANDIN, GARY I 3111 UNIVERSITY DRIVE SUITE 404 CORAL SPRINGS, FL 33065				7. Name and Address of New Registered Agent Name Patel Dhimant N Street Address (P.O. Box Number is Not Acceptable) 2110 46th Ave West, Apt 23 City Bradenton FL Zip Code 34207	
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 DHIMANT N. PATEL 6-1-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, NATU N 651 DEAUVILLE DRIVE #1 MONROEVILLE, PA 15146	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE DHIMANT N. PATEL 6-1-05 561-644-6487 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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