## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000063769

Address:

City-St-Zip:

FILED Mar 13, 2007 Secretary of State

Entity Na	me: ILOVEY	'OGA, A KARMA YOGA C	OMPANY, INC	Ο.			
Current Principal Place of Business:				New Principal Place of Business:			
41 N.W. 20 MIAMI, FL	OTH STREET 33127			1222 S.W. MIAMI, FL		EET	
Current Mailing Address:				New Mailing Address:			
41 N.W 20 MIAMI, FL	TH STREET 33127			901 COCC PLANTATI			
FEI Number	: 74-3119721	FEI Number Applied For (	) FEI Nui	mber Not Appl	licable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
901 COCC PLANTATI	N, SUZANNE ) PLUM WAY ION, FL 3332		the purpose of	of changing i	te rogietoro	d office or registered agent, or bo	th.
	e of Florida.	submits this statement for	tile purpose c	or changing i	is registere	d office of registered agent, of bo	ui,
SIGNATU							
	Electro	nic Signature of Registere	d Agent			Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( )					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D ( KUPFERBERG 41 N.W. 20TH MIAMI, FL 33	STREET		Title: Name: Address: City-St-Zip:		(X) Change ( ) Addition RG, MICHAEL 18TH STREET 33145	
Title: Name: Address: City-St-Zip:	D ( FRIEDMAN, SI 1025 S UNIVE PLANTATION,	RSITY DR		Title: Name: Address: City-St-Zip:		(X) Change ( ) Addition , SUZANNE PLUM WAY N, FL 33324	
Title: Name:	(	) Delete		Title: Name:	D ARUJ, TAM	()Change(X)Addition ARA	

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.

Address:

City-St-Zip:

1222 S.W. 18TH STREET

MIAMI, FL 33145 US

SIGNATURE: SUZANNE FRIEDMAN D 03/13/2007