


FILED
Jun 02, 2005 8:00 am
Secretary of State

04-29-2005 90184 023 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000115999			
1. Entity Name OM SAY RAM YOGA, INC.			
Principal Place of Business 5673 NW 99TH WAY CORAL SPRINGS, FL 33076		Mailing Address 5673 NW 99TH WAY CORAL SPRINGS, FL 33076	
2. Principal Place of Business 5673 NW 99TH WAY Suite, Apt. #, etc.		3. Mailing Address 5673 NW 99TH WAY Suite, Apt. #, etc.	
City & State Coral Springs, FL		City & State Coral Springs FL	
Zip 33076 Country USA		Zip 33076 Country USA	
4. FEI Number 20-1479302		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEL CARMEN BARRIOS, MARIADELA 5673 NW 99TH WAY CORAL SPRINGS, FL 33076		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when remaining)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DEL CARMEN BARRIOS, MARIADELA 5673 NW 99TH WAY CORAL SPRINGS, FL 33076 <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: <u>Mariadela Barrios Oxbalos</u> Mariadela Barrios Oxbalos (954) 2531481 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			