

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 30, 2008 08:00 AM  
Secretary of State

DOCUMENT # P07000104703

1. Entity Name  
YOGI POSTAL INC.



Principal Place of Business  
5703 RED BUG LAKE ROAD  
305  
WINTER SPRINGS, FL 32708 US

Mailing Address  
5528 KATHY DRIVE  
TITUSVILLE, FL 32780 US



04242008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 01-0904763	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AMIN, BHUPENDRA C  
5528 KATHY DRIVE  
TITUSVILLE, FL 32780

**DO NOT WRITE  
IN THIS SPACE**

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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	AMIN, BHUPENDRA C
STREET ADDRESS	5528 KATHY DRIVE
CITY-ST-ZIP	TITUSVILLE, FL 32780

TITLE	VP
NAME	AMIN, DHARMESH
STREET ADDRESS	5528 KATHY DRIVE
CITY-ST-ZIP	TITUSVILLE, FL 32780

TITLE	S
NAME	AMIN, NIRMALA B
STREET ADDRESS	5528 KATHY DRIVE
CITY-ST-ZIP	TITUSVILLE, FL 32780

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: *B. C. Amin* *BHUPENDRA C. AMIN*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-08

Date

9:00 AM To 5:00 PM

Daytime Phone #