

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000057993

FILED  
Apr 19, 2012  
Secretary of State

**Entity Name:** INTERNATIONAL YOGA AND WELLNESS CENTER, INC.

**Current Principal Place of Business:**

TRAVELODGE SUITES MAINGATE  
4694 W. IRLO BRONSON MEMORIAL HWY  
KISSIMMEE, FL 34746

**New Principal Place of Business:**

**Current Mailing Address:**

TRAVELODGE SUITES MAINGATE  
4694 W. IRLO BRONSON MEMORIAL HWY  
KISSIMMEE, FL 34746

**New Mailing Address:**

**FEI Number:** 35-2416263

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: MEHTA, A  
Address: 4694 W IRLO BRONSON MEMORIAL HWY  
City-St-Zip: KISSIMMEE, FL 34746

Title: VP  
Name: MEHTA, R  
Address: 4694 W. IRLO BRONSON MEMORIAL HWY  
City-St-Zip: KISSIMMEE, FL 34746

Title: DIR  
Name: MEHTA, B  
Address: 108-15 68TH DRIVE  
City-St-Zip: FOREST HILLS, NY 11375

Title: DIR  
Name: MEHTA, S  
Address: 108-15 68TH DRIVE  
City-St-Zip: FOREST HILLS, NY 11375

I hereby 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 all other like empowered.

SIGNATURE: MEHTAA

MGR

04/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date