

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000050579

1. Entity Name

BIKRAM'S YOGA COLLEGE OF INDIA, INC.



Principal Place of Business

**6020 S. VERDE TRAIL
SUITE 105
BOCA RATON, FL 33433**

Mailing Address

**6020 S. VERDE TRAIL
SUITE 105
BOCA RATON, FL 33433**

DO NOT WRITE IN THIS SPACE



01162006 No Chg-P CRZE034 (11/05)

4. FEI Number
65-0684960

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**KOSTORIS, HOWARD
6020 S. VERDE TR. # 105
BOCA RATON, FL 33433**

**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 reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	KOSTORIS, HOWARD G
STREET ADDRESS	6020 S VERDE TRAIL, #105
CITY-ST- ZIP	BOCA RATON, FL 33433
TITLE	VP
NAME	KOSTORIS, CHERYL L
STREET ADDRESS	6020 S. VERDE TRAIL #105
CITY-ST- ZIP	BOCA RATON, FL 33433
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	

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04/19/06-80070-011 150.00

**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: Howard G. Kostas, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-06

Date

561-451-8845

Daytime Phone #