


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000085090 1. Entity Name YOGA ROOM OF TAMPA, INC.	
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Principal Place of Business 4119 GUNN HWY, SUITE 19 TAMPA, FL 33624	Mailing Address 4119 GUNN HWY, SUITE 19 TAMPA, FL 33624
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04152004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FCI Number 59-3536687	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  SANTIAGO, JERILYN L 4119 GUNN HWY, SUITE 19 TAMPA, FL 33624
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**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, name and address of registered agent and the applicable. (If the registered agent is a corporation, the name of the corporation must be stated.)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000122161 04/21/04-80018-002 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD SANTIAGO, JERILYN L 17303 EQUESTRIAN TRAIL ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY ST ZIP	VD SANTIAGO, RAMON 17303 EQUESTRIAN TRAIL ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY ST ZIP	STD SANTIAGO, RAMON 17303 EQUESTRIAN TRAIL ODESSA, FL 33556
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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)(C), 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: Ramon Santiago, V.P. 4/15/04 813-920-7887  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
RAMON SANTIAGO