## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000065453

Entity Name: MIAMI AROMATHERAPY, INC.

FILED Jan 22, 2008 Secretary of State

Entity Nai	me: MIAMI AR	OMATHERAPY, INC.					
Current Principal Place of Business:			New Principal Place of Business:				
15743 SW MIAMI, FL	145TH TERR/ 33196	ACE					
Current Mailing Address:			New Mailing Address:				
15743 SW MIAMI, FL	145TH TERR/ 33196	ACE					
FEI Number	Number: 20-4867582 FEI Number Applied For ( )		FEI Number Not Applicable ( )		Certificate of Status Desired ( )		
Name and	l Address of C	urrent Registered Agent:	Name and Address of New Registered Agent:				
15743 SW MIAMI, FL		ACE	ournose of changing i	ts registered	Loffice or registered agent o	or both	
	e of Florida.	submits this statement for the	purpose or changing r	is registered	ronnee or registered agent, c	n both,	
SIGNATUI	RE:						
	Electron	ic Signature of Registered Ag	ent		Date		
Election Car	mpaign Financing	Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () GALAMAGA, KF 15743 SW 145 MIAMI, FL 331	TERRACE	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	GALAMAGA,	45 TERRACE		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KRISTEN M. GALAMAGA PD 01/22/2008