

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 18, 2004 8:00 am
Secretary of State

08-18-2004 90002 014 ****61.25

DOCUMENT # N97000005573

1. Entity Name

**MAJA, THE GIRL FROM THE NILE HEALING ARTS
INC.**



Principal Place of Business

**MAJA, THE GIRL FROM THE NILE
1500 S SURF RD., #17
HOLLYWOOD FL 33019**

Mailing Address

**MAJA, THE GIRL FROM THE NILE
1500 S SURF RD., #17
HOLLYWOOD FL 33019**

54068687



MOORE

CR2E037 (4/04)

2. Principal Place of Business

**1500 S. Surf Rd -
Suite, Apt. #, etc.
17**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Hollywood FL

City & State

Zip

33019

Country

USA

Country

4. FEI Number

65-0806953

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GRUMBERG, KATIA
1500 S. SURF RD. #17
HOLLYWOOD FL 33019**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$61.25
Due By September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **LANEY, LAURIE**
STREET ADDRESS **1500 S. SURF RD. #17**
CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE **D** ☐ Delete
NAME **HALKI, YVETTE**
STREET ADDRESS **1833 S OCEAN DR., #1407**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **D** ☐ Delete
NAME **GRUMBERG, KATIA**
STREET ADDRESS **1500 S. SURF RD. #17**
CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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:

Katia Grumberg **aug 4 04**

954 929 7155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #