

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 14, 2008 8:00 am
Secretary of State

07-14-2008 90033 007 ****61.25

DOCUMENT # N97000005573

1. Entity Name

MAJA, THE GIRL FROM THE NILE HEALING ARTS INC.



Principal Place of Business

**1500 S SURF RD
17
HOLLYWOOD, FL 33019**

Mailing Address

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

66015932



07092008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

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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 reappointing)

DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
LANEY, LAURIE
1500 S. SURF RD. #17
HOLLYWOOD, FL 33019**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
HALKI, YVETTE
1833 S OCEAN DR., #1407
HALLANDALE, FL 33009**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 12 08

Daytime Phone #