

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000099945

FILED  
Mar 26, 2012  
Secretary of State

**Entity Name:** NAIMA'S TOTAL BODY THERAPY, INC.

**Current Principal Place of Business:**

20310 NE 2ND AVENUE  
SUITE 19  
MIAMI GARDENS, FL 33179 US

**New Principal Place of Business:**

**Current Mailing Address:**

20310 NE 2ND AVENUE  
SUITE 19  
MIAMI GARDENS, FL 33179 US

**New Mailing Address:**

**FEI Number:** 76-0841200

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REYNOLDS, NAIMA  
20310 NE 2ND AVENUE  
SUITE 19  
MIAMI GARDENS, FL 33179 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: REYNOLDS, NAIMA  
Address: 20310 NE 2ND AVENUE  
City-St-Zip: MIAMI GARDENS, FL 33179 US

Title: VP  
Name: REYNOLDS, NAIMA  
Address: 20310 NE 2ND AVENUE  
City-St-Zip: MIAMI GARDENS, FL 33179 US

Title: SEC  
Name: REYNOLDS, NAIMA  
Address: 20310 NE 2ND AVENUE  
City-St-Zip: MIAMI GARDENS, FL 33179 US

Title: TREA  
Name: REYNOLDS, NAIMA  
Address: 20310 NE 2ND AVENUE  
City-St-Zip: MIAMI GARDENS, FL 33179 US

I hereby 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 all other like empowered.

SIGNATURE: NAIMA REYNOLDS

PRES

03/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date