

## **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P09000102901

**Entity Name:** ALOA MASSAGE THERAPY, INC.

**FILED**  
**May 01, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4111 NORTH ANDREWS AVE.  
OAKLAND PARK, FL 33309 US

**New Principal Place of Business:**

4111 NORTH ANDREWS AVE.  
SUITE F  
FT LAUDERDALE, FL 33309 US

**Current Mailing Address:**

4111 NORTH ANDREWS AVE.  
OAKLAND PARK, FL 33309 US

**New Mailing Address:**

4111 NORTH ANDREWS AVE.  
SUITE F  
FT LAUDERDALE, FL 33309 US

**FEI Number:** 27-1597722

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DROUIN, ROGER  
4111 NORTH ANDREWS AVE  
OAKLAND PARK, FL 33309 US

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

NAM, MI S  
4111 NORTH ANDREWS AVE  
SUITE F  
FT. LAUDERDALE, FL 33309 US

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: MI S NAM

05/01/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P/S  
Name: NAM, MI S  
Address: 4111 NORTH ANDREWS AVE SUITE F  
City-St-Zip: FT. LAUDERDALE, FL 33309 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: MI S NAM

PRES

05/01/2011

Electronic Signature of Signing Officer or Director

Date