

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000101047

Entity Name: MAJESTIC THERAPY INC

**FILED**  
**Mar 23, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

2140 WEST FLAGLER ST  
207  
MIAMI, FL 33135

## **Current Mailing Address:**

2140 WEST FLAGLER ST  
207  
MIAMI, FL 33135

## **New Principal Place of Business:**

2140 WEST FLAGLER ST  
208  
MIAMI, FL 33135

## **New Mailing Address:**

2140 WEST FLAGLER ST  
208  
MIAMI, FL 33135

FEI Number: 45-3860595

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RODRIGUEZ, YOANDRA  
2140 WEST FLAGLER ST -M STE. 208  
MIAMI, FL 33135 US

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

RODRIGUEZ, YOANDRA  
2140 WEST FLAGLER ST -M STE. 208  
208  
MIAMI, FL 33135 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:

03/23/2012

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: P  
Name: RODRIGUEZ, YOANDRA  
Address: 9390 WEST FLAGLER ST APT 119  
City-St-Zip: MIAMI, FL 33174

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: RODRIGUEZ, YOANDRA

P

03/23/2012

Electronic Signature of Signing Officer or Director

Date