

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000022072

**Entity Name:** AROHMA THERAPY INC.

**Current Principal Place of Business:**

5651 SW 64 AVE  
SUITE C  
DAVIE, FL 33314

**Current Mailing Address:**

5401 POLK ST  
HOLLYWOOD, FL 33139

**FEI Number:** 45-0673229

**Certificate of Status Desired:** No

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

STERN, STEVEN J  
5401 POLK STREET  
HOLLYWOOD, FL 33021 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:**

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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PSD  
Name MARTIN-MUZZILLO, TIFFANY  
Address 5401 POLK ST  
City-State-Zip: HOLLYWOOD FL 33139

*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:** TIFFANY MARTIN-MUZZILLO

**PRESIDENT**

**03/28/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date