

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000095268

**Entity Name:** RONI'S MASSAGE THERAPY, INC.

**Current Principal Place of Business:**

7305 W SAMPLE RD  
110  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

7305 W SAMPLE RD  
110  
CORAL SPRINGS, FL 33065

**FEI Number:** 65-0634231

**Certificate of Status Desired:** No

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

CHIAVERINI, RONALD  
7305 W SAMPLE RD  
110  
CORAL SPRINGS, FL 33065 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 D  
Name CHIAVERINI, RONALD  
Address 7305 W SAMPLE RD SUITE 110  
City-State-Zip: CORAL SPRINGS FL 33065

*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:** RONALD CHIAVERINI

**OWNER**

**02/12/2014**

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

\_\_\_\_\_  
Date