

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P96000091619

FILED
Aug 02, 2007
Secretary of State**Entity Name:** SIGNATURE SALONS OF FLORIDA, INC.**Current Principal Place of Business:**5191 S UNIVERSITY DR
DAVIE, FL 33328**New Principal Place of Business:****Current Mailing Address:**14201 W. SUNRISE BLVD., #104
SUNRISE, FL 33323**New Mailing Address:****FEI Number:** 65-0705899**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DORSCH, DELORES S
14201 W. SUNRISE BLVD., #104
SUNRISE, FL 33323 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: D () Delete
Name: DORSCH, DELORES S
Address: 14201 W. SUNRISE BLVD., #104
City-St-Zip: SUNRISE, FL 33323

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
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Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: DORSCH, DELORES S
Address: 14201 W. SUNRISE BLVD., #104
City-St-Zip: SUNRISE, FL 33323 BR

Title: VP () Change (X) Addition
Name: MANIATAKOS, SUSAN
Address: 5091 S.W. 192ND TERRACE
City-St-Zip: SOUTHWEST RANCHES, FL 33332 BR

Title: VP () Change (X) Addition
Name: ROACH, MICHELLE L
Address: 600 HERITAGE DRIVE
City-St-Zip: WESTON, FL 33327 BR

Title: VP () Change (X) Addition
Name: VENGEL, KIMBERLY
Address: 9645 SYCAMORE COURT
City-St-Zip: DAVIE, FL 33325 BR

Title: VP () Change (X) Addition
Name: CAMMARANO, CINDY
Address: 14201 W. SUNRISE BLVD., STE 104
City-St-Zip: SUNRISE, FL 33323 BR

Title: D () Change (X) Addition
Name: SCHEINHAUS, CAMILLE
Address: 2130 N.W. 99TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33024 BR

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DELORES S. DORSCH

PRES

08/02/2007

Electronic Signature of Signing Officer or Director

Date