

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000091619

FILED  
Jan 23, 2009  
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:

14201 W. SUNRISE BLVD.  
SUITE 104  
SUNRISE, FL 33323

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

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

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

P

01/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date