

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000010530

**Entity Name:** 1 SALON LIFE DEVELOPMENT ACADEMY INC.

**Current Principal Place of Business:**

2800 WEST OAKLAND PARK SUITE 309  
OAKLAND PARK, FL 33311

**Current Mailing Address:**

2800 WEST OAKLAND PARK SUITE 309  
OAKLAND PARK, FL 33311 US

**FEI Number:** 81-5330123

**Certificate of Status Desired:** No

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

WILLIAMS, CECILIA  
2800 WEST OAKLAND BLVD #309  
OAKLAND PARK FL, FL 33311 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:** CECILIA WILLIAMS

03/27/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIR  
Name WILLIAMS, CECILIA  
Address 2800 WEST OAKLAND PARK SUITE  
309  
City-State-Zip: OAKLAND PARK FL 33311

Title D/C  
Name HAYNES, ARLISHA  
Address 320 EAST DIXIE COURT APT 106  
City-State-Zip: FORT LAUD FL 33313

Title P/D  
Name MONCRIEF, VAKIA  
Address 5709 NW 21ST STREET  
City-State-Zip: LAUDERHILL FL 33313

Title T  
Name SMITH, PROSHA  
Address 2800 WEST OAKLAND PARK SUITE  
309  
City-State-Zip: OAKLAND PARK FL 33311

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CECILIA WILLIAMS

**DIRECTOR**

03/27/2017

Electronic Signature of Signing Officer/Director Detail

Date