

2019 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

04/08/2019

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

OWNER

04/08/2019

Electronic Signature of Signing Officer/Director Detail

Date