

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000083313

**Entity Name:** SENIOR SALON SERVICES INC

**Current Principal Place of Business:**

546 NW MERCANTILE PLACE  
PORT SAINT LUCIE, FL 34986

**Current Mailing Address:**

PO BOX 272021  
BOCA RATON, FL 33427 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

HOFFMAN, DANIEL  
546 NW MERCANTILE PL  
PORT SAINT LUCIE, FL 34986 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 P  
Name HOFFMAN, DANIEL  
Address 546 NW MERCANTILE PL.  
City-State-Zip: PORT SAINT LUCIE FL 34986

Title VP  
Name CATALANO, TRACIE  
Address PO BOX 272021  
City-State-Zip: BOCA RATON FL 33427

*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:** DANIEL HOFFMAN

**PRES**

**06/29/2020**

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

\_\_\_\_\_  
Date