

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000091619

Entity Name: SIGNATURE SALONS OF FLORIDA, INC.**Current Principal Place of Business:**5191 S UNIVERSITY DR
DAVIE, FL 33328**Current Mailing Address:**14201 W SUNRISE BLVD
SUITE 103
SUNRISE, FL 33323**FEI Number:** 65-0705899**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DORSCH, DELORES SP
3860 HERON RIDGE LANE
WESTON, FL 33331 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	PRES
Name	DORSCH, DELORES SP
Address	3860 HERON RIDGE LANE
City-State-Zip:	WESTON FL 33331

Title	VP
Name	MANIATAKOS, SUSAN VP
Address	12526 SW 9TH PLACE
City-State-Zip:	DAVIE FL 33325

Title	VP
Name	ROACH, MICHELLE LVP
Address	600 HERITAGE DRIVE
City-State-Zip:	WESTON FL 33327

Title	VP
Name	VENGEL, KIMBERLY VP
Address	9645 SYCAMORE COURT
City-State-Zip:	DAVIE FL 33325

Title	VP
Name	CAMMARANO, CINDY VP
Address	3153 PEACHTREE CIRCLE
City-State-Zip:	DAVIE FL 33328

Title	D
Name	SCHEINHAUS, CAMILLE D
Address	2130 N.W. 99TH AVENUE
City-State-Zip:	PEMBROKE PINES FL 33024

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: DELORES DORSCH**OWNER****04/19/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date