

**2017 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

**FILED**  
**Jan 09, 2017**  
**Secretary of State**  
**CC8943248092**

**Current Mailing Address:**

4503 N.W. 103RD AVE  
SUITE 108  
SUNRISE, FL 33351 US

**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**

**PRESIDENT**

**01/09/2017**

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

\_\_\_\_\_  
Date