

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000106133

Entity Name: DIVINE DESIGNS SALON, INC.**Current Principal Place of Business:**1606 OAKFIELD DR
103
BRANDON, FL 33511**Current Mailing Address:**P.O. BOX 2190
BRANDON, FL 33509 21**FEI Number:** 59-3550972**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RASHID, SAM
2802 SYDNEY RD.
PLANT CITY, FL 33566 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	DIRECTOR
Name	RASHID, JADE
Address	2802 SYDNEY ROAD
City-State-Zip:	PLANT CITY FL 33566

Title	DIRECTOR
Name	RASHID, JORDAN
Address	2802 SYDNEY ROAD
City-State-Zip:	PLANT CITY FL 33566

Title	COO
Name	PATIDAR, AKASHI
Address	2802 SYDNEY RD
City-State-Zip:	PLANT CITY FL 33566

Title	CEO
Name	RASHID, SAM
Address	2802 SYDNEY RD
City-State-Zip:	PLANT CITY FL 33566

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: SAM RASHID

CEO

04/21/2015

Electronic Signature of Signing Officer/Director Detail_____
Date