

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000002451

Entity Name: AVEDA SERVICES INC.**Current Principal Place of Business:**7 CORPORATE CENTER DR
ATTN: TAX DEPT.
MELVILLE, NY 11747**Current Mailing Address:**7 CORPORATE CENTER DR
ATTN: TAX DEPT.
MELVILLE, NY 11747**FEI Number:** 11-3422109**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	PRESIDENT
Name	CONSEIL, DOMINIQUE N
Address	7 CORPORATE CENTER DR
City-State-Zip:	MELVILLE NY 11747

Title	CFO, DIRECTOR
Name	TRAVIS, TRACEY
Address	7 CORPORATE CENTER DR
City-State-Zip:	MELVILLE NY 11747

Title	DIRECTOR
Name	MOSS, SARA
Address	7 CORPORATE CENTER DR
City-State-Zip:	MELVILLE NY 11747

Title	ASST. SEC, VP
Name	SCHWECHERL, JAMES
Address	7 CORPORATE CENTER DR
City-State-Zip:	MELVILLE NY 11747

Title	SECRETARU
Name	SMUL, SPENCER
Address	7 CORPORATE CENTER DR
City-State-Zip:	MELVILLE NY 11747

Title	TREASURER
Name	MISTRY, ADIL
Address	7 CORPORATE CENTER DR
City-State-Zip:	MELVILLE NY 11747

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: SPENCER SMUL**SECRETARY****04/15/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date