

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90159 004 ***150.00

DOCUMENT # 379389

1. Entity Name
HYGENATOR PILLOW SERVICE, INC.



Principal Place of Business
1733 NW 21ST TERRACE
MIAMI FL 33142-7437

Mailing Address
1733 NW 21ST TERRACE
MIAMI FL 33142-7437



2. Principal Place of Business
1733 NW 21 Terrace

3. Mailing Address
1733 NW 21 Terrace

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Miami, FL

City & State
Miami, FL

Zip
33142-7437

Country
USA

4. FEI Number **59-1347459** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ERICKSON, ALAN, W
1733 NW 21 TERRACE
MIAMI FL 33142-7437

7. Name and Address of New Registered Agent

Name *Ericckson, Alan W.*

Street Address (P.O. Box Number is Not Acceptable)
1733 NW 21 Terrace

City *Miami* FL Zip Code *33142-7437*

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Alan W. Erickson, Agent* DATE *2/12/2003*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ERICKSON, TOMIKO 1733 N.W. 21 TERR MIAMI FL 33142-7437	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SOONG, YUNG 13500 SW 96 STREET MIAMI FL 33186	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ERICKSON, ALAN 1733 NW 21 TERRACE MIAMI FL 33142-7437	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>1733 NW 21 Terrace</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>1733 NW 21 Terrace</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alan W. Erickson* DATE *2/12/2003* DAYTIME PHONE # *305-325-0250*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)