2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # L77179

1. Entity Name
HYGOLET DIRECT, INC.

Principal Place of Business	Mailing Address
349 SE 2ND AVE DEERFIELD BEACH, FL 33441 US	349 SE 2ND AVE DEERFIELD BEACH, FL 33441 US

DO NOT WRITE IN THIS SPACE

04252005   No Chg-P   CR2E034 (10/03)

4. FEI Number 65-0201014	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

GARCIA, CARLOS
349 SE 2 AVE
DEERFIELD BCH, FL 33441

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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 _____

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

FILE NOW!!! FEE IS $150.00 **After May 1, 2005 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000363287 05/05/05 00152 000 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	STUCKI, ANDRE O.
STREET ADDRESS	165 SE 18TH AVE
CITY-ST-ZIP	DEERFIELD BCH, FL
TITLE	EVP
NAME	JORDAN, DOROTHY
STREET ADDRESS	12-201 ROYAL PALM WAY
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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: _Dorothy Jordan, EVP_   04/26/05   954-481-860?

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #