

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90153 037 ***150.00

DOCUMENT # L77179

1. Entity Name
HYGOLET DIRECT, INC.



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

Mailing Address
**349 SE 2ND AVE
DEERFIELD BEACH, FL 33441 US**

60031314



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

04292008 Chg-P CR2E034 (12/06)

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**

7. Name and Address of New Registered Agent

Name **Andre O. Stucki**
Street Address (P.O. Box Number is Not Acceptable)
349 SE 2nd Avenue
City **Deerfield Beach** **FL** Zip Code **33441**

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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	STUCKI, ANDRE O.	
STREET ADDRESS	165 SE 18TH AVE	
CITY - ST - ZIP	DEERFIELD BCH, FL	
TITLE	EVP	<input checked="" type="checkbox"/> Delete
NAME	JORDAN, DOROTHY	
STREET ADDRESS	12-201 ROYAL PALM WAY	
CITY - ST - ZIP	BOCA RATON, FL 33432	
TITLE	Claudia Stucki-Kunz	<input type="checkbox"/> Delete
NAME	VP	
STREET ADDRESS	165 SE 18th Avenue	
CITY - ST - ZIP	Deerfield Beach, FL 33441	<input type="checkbox"/> Delete
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/08