

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L77179

Entity Name: HYGOLET DIRECT, INC.

FILED
Feb 04, 2009
Secretary of State

Current Principal Place of Business:

349 SE 2ND AVE
DEERFIELD BEACH, FL 33441 US

New Principal Place of Business:

Current Mailing Address:

349 SE 2ND AVE
DEERFIELD BEACH, FL 33441 US

New Mailing Address:

FEI Number: 65-0201014

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STUCKI, ANDRE O
349 SE 2ND AVE
DEERFIELD BEACH, FL 33441 US

Name and Address of New Registered Agent:

STUCKI, ANDRE O
165 SE 18TH AVE
DEERFIELD BEACH, FL 33441 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:

02/04/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STUCKI, ANDRE O.,
Address: 165 SE 18TH AVE
City-St-Zip: DEERFIELD BCH, FL

Title: VP () Delete
Name: STUCKI-KUNZ, CLAUDIA
Address: 165 SE 18TH AVE
City-St-Zip: DEERFIELD BEACH, FL 33441

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: STUCKI, ANDRE O
Address: 165 SE 18TH AVE
City-St-Zip: DEERFIELD BCH, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ANDRE STUCKI

P

02/04/2009

Electronic Signature of Signing Officer or Director

Date