


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000158256 1. Entity Name SAN SEBASTIAN HYGIENE, INC.	
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Principal Place of Business 7211 SAN SEBASTIAN DRIVE BOCA RATON, FL 33433	Mailing Address 7211 SAN SEBASTIAN DRIVE BOCA RATON, FL 33433
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01122006 No Chg-P CR2E034 (11/05)

4. FEI Number 52-2448028	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent STUEF, DEBORAH 7211 SAN SEBASTIAN DRIVE BOCA RATON, FL 33433

**DO NOT WRITE
IN THIS SPACE**

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:  **1-12-06**
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, 2006 Fee will be \$550.00**

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

**100000474672
04/04/06-80033-002 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP STUEF, DEBORAH 7211 SAN SEBASTIAN DRIVE BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STUEF, DEBORAH 7211 SAN SEBASTIAN DRIVE BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STUEF, KENDALL 7211 SAN SEBASTIAN DRIVE BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **1-12-2006 501**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Ending Phone No.
361-2901