

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000001058

Entity Name: PAR HYGIENE, INC.

**FILED**  
**Jan 10, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

7915 N.W. 64 STREET  
MIAMI, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

7915 N.W. 64 STREET  
MIAMI, FL 33166

**New Mailing Address:**

FEI Number: 98-0563121

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PALACIOS, MIGUEL E  
7915 N.W. 64 STREET  
MIAMI, FL 33166 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PDT  
Name: PALACIOS, MIGUEL E  
Address: 7915 N.W. 64 STREET  
City-St-Zip: MIAMI, FL 33166

Title: VP  
Name: VILLANUEVA, FACUNDO  
Address: 782 NW 42 AVENUE #340  
City-St-Zip: MIAMI, FL 33126

Title: VP  
Name: SERVALLI, ANGELO M  
Address: 155 OCEAN LN APT 501  
City-St-Zip: KEY BISCAVNE, FL 33149

I hereby 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 all other like empowered.

SIGNATURE: MIGUEL PALACIOS

PDT

01/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date