


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90379 034 ***150.00

DOCUMENT # P30073 1. Entity Name HYGOLET, 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GARCIA, CARLOS 349 SE 2ND AVE. DEERFIELD BEACH, FL 33441			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable. DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STUCKI, ANDRE'		NAME		
STREET ADDRESS	165 SE 18TH AVE		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BCH, FL		CITY-ST-ZIP		
TITLE	EVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JORDAN, DOROTHY		NAME		
STREET ADDRESS	12201 ROYAL PALM WAY		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33432		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>D Jordan EVP</i>			04/19/06 954-481-8601		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

Hygolet Inc.
USA

349 S.E. 2nd Avenue
Deerfield Beach, FL 33441

ATTACHMENT

Phone

(800) hygolet®

(954) 481-8601

Fax

(954) 481-8669

<http://www.hygolet.com>

hygolet®
hygiene solutions 

40074691

April 26, 2006

Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Document #P30073
FEI Number 94-2894473

To Whom It May Concern:

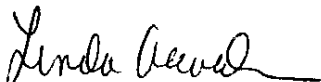
Our company, Hygolet Inc. has completed the 2006 For Profit Corporation Annual Report (enclosed).

When we filed the report in 2005 we notified you that the FEI number was incorrect. You have it listed at 94-2894473; this is incorrect.

The correct number is 94-2894476. Attached is a copy of our FL Corporate Income/Franchise and Emergency Tax Form with our FEIN number listed for your information.

Please change our records accordingly. Should you have any questions, please call our company at 1-800-494-6538. Dorothy Jordan or Linda Acevedo will be happy to assist you.

Sincerely,



Linda Acevedo
Operations Assistant

Florida Corporate Income/Franchise and Emergency Excise Tax Return

F-1120
R. 01/06
PAGE 1
12/14/05

ATTACHMENT

40074691

Name

HYGOLET INC
349 SE 2ND AVE
DEERFIELD BEACH FL 33441-4717

Address

City/State/ZIP

#P30073

000002005123100020050379400000003618127

Use black ink. Example A - Handwritten Example B - Typed

0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9

94-2894476

FEIN

For calendar year 2005 or tax year
beginning _____, 2005
ending _____
Year end date 12/31/05

☐ Check here if any changes have been made to name or address

☐ Check here if you do **not** want DOR to send you a form next year. (*see back of payment coupon)

DOR use only

00 / 00 / 00

Computation of Florida Net Income and Emergency Excise Tax

	US Dollars	Cents
1. Federal taxable income (see instructions). Attach pages 1-4 of federal return	1. 0000000000	00
2. State income taxes deducted in computing federal taxable income (attach schedule)	2. 0000000000	00
3. Additions to federal taxable income (from Schedule I)	3. 0000000000	00
4. Total of Lines 1, 2, and 3	4. 0000000000	00
5. Subtractions from federal taxable income (from Schedule II)	5. 0000000000	00
6. Adjusted federal income (Line 4 minus Line 5)	6. 0000000000	00
7. Florida portion of adjusted federal income (see instructions)	7. 0000000000	00
8. Nonbusiness income allocated to Florida (from Schedule R)	8. 0000000000	00
9. Florida exemption	9. 0000000000	00
10. Florida net income (Line 7 plus Line 8 minus Line 9)	10. 0000000000	00
11. Tax due: 5.5% of Line 10 or amount from Schedule VI, Line 11, whichever is greater (see instructions for Schedule VI).	11. 0000000000	00
12. Credits against the tax (from Schedule V, Line 16)	12. 0000000000	00
13. Emergency excise tax due (from Schedule A, Line 20)	13. 0000000000	00
14. Total corporate income/franchise and emergency excise tax due (see instructions).	14. 0000000000	00

Payment Coupon 2005 Florida Corporate Income Tax Return

Do not detach coupon.

F-1120
R. 01/06

To ensure proper credit to your account, enclose your check with tax return when mailing.

YEAR
ENDING 12/31/05

Return is due 1st day of the 4th month after close of the taxable year.

Check here if you transmitted funds electronically ☐

Enter name and address, if not pre-addressed:

Name HYGOLET INC
Address 349 SE 2ND AVE
City/St/ZIP DEERFIELD BEACH FL 33441-4717

	US DOLLARS	CENTS
Total amount due from Line 18	0000000000	00
Total credit from Line 19	0000000000	00
Total refund from Line 20	0000000000	00
FEIN Enter FEIN if not pre-addressed	94-2894476	00

0000 0 20051231 0002005037 9 4000000036 1812 7