

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90068 041 ***150.00

DOCUMENT # P32515

1. Entity Name

BRILL HYGIENIC PRODUCTS, INC.



Principal Place of Business

2905 SOUTH CONGRESS AVE
SUITE E
DELRAY BEACH FL 33445

Mailing Address

2905 SOUTH CONGRESS AVE
SUITE E
DELRAY BEACH FL 33445



2. Principal Place of Business

601 North Congress Ave.

Suite, Apt. #, etc.

Suite 306 + 307

City & State

DeRay Beach, FL

Zip

33445

Country

USA

3. Mailing Address

601 North Congress Ave.

Suite, Apt. #, etc.

Suite 306 + 307

City & State

DeRay Beach

Zip

33445

Country

USA

1st MOORE

CR2E034 (10/04)

4. FEI Number

65-0296796

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRILL, ALAN
2905 S CONGRESS AVE SUITE E
DELRAY BCH FL 33445

7. Name and Address of New Registered Agent

Name

Brill, Alan

Street Address (P.O. Box Number is Not Acceptable)

601 North Congress Avenue Suite 306 + 307

City

DeRay Beach

FL

Zip Code

33445

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PVS ☐ Delete
NAME BRILL, ALAN
STREET ADDRESS 2905 S CONGRESS AVE STE E
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE TD ☐ Delete
NAME BRILL, ALAN
STREET ADDRESS 2905 S CONGRESS AVE STE E
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE ☐ Delete
NAME ~~XXXXXXXXXX~~
STREET ADDRESS ~~XXXXXXXXXX~~
CITY-ST-ZIP ~~XXXXXXXXXX~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVS ☒ Change ☐ Addition
NAME Brill, Alan
STREET ADDRESS 601 North Congress Ave Ste 306 + 307
CITY-ST-ZIP DeRay Beach, FL 33445

TITLE TD ☒ Change ☐ Addition
NAME Brill, Alan
STREET ADDRESS 601 North Congress Ave Ste 306 + 307
CITY-ST-ZIP DeRay Beach, FL 33445

TITLE Director ☐ Change ☒ Addition
NAME Jablow, David
STREET ADDRESS 601 North Congress Ave. Ste 306
CITY-ST-ZIP DeRay Beach, FL 33445

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Alan Brill

4-7-05

Date

(561) 278-5600

Daytime Phone #