

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000051133

Entity Name: HYGIENIC AIR, INC.

FILED
Jan 13, 2004
Secretary of State

Current Principal Place of Business:

900 NW 8TH AVE.
BLDG. "C"
FT. LAUDERDALE, FL 33301

Current Mailing Address:

900 NW 8TH AVE.
BLDG. "C"
FT. LAUDERDALE, FL 33301

New Principal Place of Business:

900 NW 8TH AVE.
BLDG. D
FT. LAUDERDALE, FL 33311

New Mailing Address:

900 NW 8TH AVE.
BLDG. D
FT. LAUDERDALE, FL 33311

FEI Number: 65-0507427

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOSTER, IDA MAY
900 NW 8TH AVENUE
FT. LAUDERDALE, FL 33311 US

Name and Address of New Registered Agent:

STEVENS, KEN
900 NW 8TH AVENUE
FT. LAUDERDALE, FL 33311 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: KEN STEVENS

01/13/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: ELMORE, ROBERT
Address: 900 NW 8TH AVENUE
City-St-Zip: FT. LAUDERDALE, FL

Title: DVS () Delete
Name: FOSTER, IDA MAY
Address: 900 NW 8TH AVENUE
City-St-Zip: FT LAUDERDALE, FL

Title: AS () Delete
Name: STEVENS, KENNETH G
Address: 412 NW 4TH STREET
City-St-Zip: FT LAUDERDALE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVS (X) Change () Addition
Name: KEN, STEVENS
Address: 900 NW 8TH AVENUE
City-St-Zip: FT LAUDERDALE, FL

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT ELMORE

DPT

01/13/2004

Electronic Signature of Signing Officer or Director

Date