


FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90486 032 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P97000095237

1. Entity Name
 HYGAR, INC.



40073719

Principal Place of Business
 1321 S. POWERLINE ROAD
 POMPANO BEACH, FL 33069

Mailing Address
 1321 S POWERLINE ROAD
 SUITE 104
 POMPANO BEACH, FL 33069 US



2. Principal Place of Business
 EYES ON 18th
 Suite, Apt. #, etc.
 6060 SW 18th St.

3. Mailing Address
 EYES ON 18th
 Suite, Apt. #, etc.
 6060 SW 18th St.

City & State
 Boca Raton FL

City & State
 Boca Raton FL

Zip
 33433

County
 Palm Beach

Zip
 33433

County
 Palm Beach

04292005 Chg-P CR2E034 (10/03)

4. FEI Number
 65-0794702

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARSON, JEFFREY
 6614 TIBURON CIRCLE
 BOCA RATON, FL 33433

Name

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

City

FL Zip Code

old address

7. Name and Address of New Registered Agent

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 *Jeffrey M. Garson* DATE 4/29/05

Signature (Print or stamped name of registered agent and vice if applicable) (NOTE: Registered Agent signature required when re-issuing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARSON, JEFFREY 6686 W CALLE DEL PAR BOCA RATON, FL 33433	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, 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 employees.

SIGNATURE: *Jeffrey M. Garson* DATE 4/29/05 56-368-7442

Signature (Print or stamped name of signing officer or director) Date Deline Place #