


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

03-17-2006 90122 020 \*\*\*150.00

DOCUMENT # P97000095237			
1. Entity Name HYGAR, INC.			
Principal Place of Business EYES ON 18TH 6060 SW 18TH ST BOCA RATON, FL 33433		Mailing Address EYES ON 18TH 6060 SW 18TH ST BOCA RATON, FL 33433 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	
GARSON, JEFFREY 6614 TIBURON CIRCLE BOCA RATON, FL 33433		Name: Garson, Jeffrey Street Address (P.O. Box Number is Not Acceptable): 6060 S.W. 18 <sup>th</sup> Street City: Boca Raton FL Zip Code: 33433	
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: <i>Jeffrey M. Garson</i>		President 3/14/06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		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	D GARSON, JEFFREY <input checked="" type="checkbox"/> Delete	TITLE	Garson, Jeffrey <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6986 W CALLE DEL PAR	STREET ADDRESS	6060 S.W. 18 <sup>th</sup> Street
CITY-ST-ZIP	BOCA RATON, FL 33433	CITY-ST-ZIP	Boca Raton, FL 33433
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	
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>Jeffrey M. Garson</i>		President 3/14/06 561-368-7442	
Signature, typed or printed name of signing officer or director		Date Daytime Phone #	
JEFFREY M. GARSON			

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4. FEI Number 65-0794702 Applied For Not Applicable

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