FILED Apr 20, 2007 08:00 AM

ANNUAL REPORT					Secretary of State			
DOCU 1. Entity Nam HIGYANI		438						
2500 NORTI	rincipal Place of Business Mailing Address 1500 NORTH MILITARY TRAIL, #285 10CA RATON, FL 33431 10CA RATON, FL 33431 10CA RATON, FL 33431 10CA RATON, FL 33431							
C	OO NOT WRITE	CE	02212007 No Chg-P CR2E034 (11/05) 4. FEI Number					
	6. Name and Address of Current R	egistered Agent		l				
	, DAVID ITH MILITARY TRAIL, #285 TON, FL 33431			NOT V THIS S				
	named entity submits this statement for ions of registered agent.		ed office or register	ed agent, or bo	oth, in the State of I		amiliar with, and accept	
	Signatura, typed or printed name of registered agent an	tittle if applicable (NOTE: Registere	d Agent signature required	l when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution				.00 May Be ed to Fees		. ;	<i>.</i> ·	
10.	OFFICERS AND D	RECTORS	4					
NAME STREET ADDRESS CITY-ST-ZIP	D SAGINOR, DAVID 2500 NORTH MILITARY TRAIL, #3 BOCA RATON, FL 33431	85	ļ					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAGINOR, PATRICIA 2500 N MILITARY TR #285 BOCA RATON, FL 33431				UOC 05/01/	10007208 107-8011	39 8-002 150.00	
NAME STREET ADDRESS CITY-SI-ZIP				DO	NOT V	VRITE		
TITLE NAME STREET ADDRESS CITY-SI-ZIP				IN .	THIS S	PACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP								

12. I hereby certify that the information supplied with this filling 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.

David Saginor David Saginor

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OR DIRECTOR

4/17/07

561-998-0909