
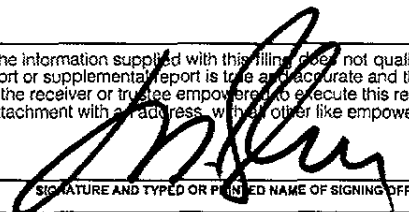


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000102851 1. Entity Name HYGENIC LABORATORIES AND COSMETICS, INC.		
Principal Place of Business 6500 NORTHWEST 12 AVENUE, UNIT 114 FORT LAUDERDALE, FL 33309	Mailing Address 6500 NORTHWEST 12 AVENUE, UNIT 114 FORT LAUDERDALE, FL 33309	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BLAU, JORGE 6500 NORTHWEST 12 AVENUE, UNIT 114 FORT LAUDERDALE, FL 33309		
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLAU, JORGE 6500 NORTHWEST 12TH AVE, UNIT 114 FT LAUDERDALE, FL 33309	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLAU, SUSANA 6500 NORTHWEST 12TH AVE, UNIT 114 FT LAUDERDALE, FL 33309	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLAU, ANA 6500 NORTHWEST 12 AVENUE, UNIT 114 FORT LAUDERDALE, FL 33309	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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, when other like empowered.		
SIGNATURE:  4/25/06 984-491-0200 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number 11-2315436	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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05/10/06-80022-006 150.00

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