


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90016 050 ***150.00

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
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40069588



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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01032008 Chg-P CR2E034 (12/06)

City & State	City & State
Zip	Country

4. FEI Number 11-2315436	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BLAU, JORGE 6500 NORTHWEST 12 AVENUE, UNIT 114 FORT LAUDERDALE, FL 33309	
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7. Name and Address of New Registered Agent Name: <u>Takiff, Monica</u> Street Address (P.O. Box Number, is Not Acceptable): <u>6500 N.W. 12th Ave. Unit 114</u> City: <u>Fort Lauderdale</u> FL Zip Code: <u>33309</u>	
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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: <u>MBLAU</u>	DATE: <u>4/15/08</u>

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLAU, JORGE <input checked="" type="checkbox"/> Delete 6500 NORTHWEST 12TH AVE, UNIT 114 FT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLAU, SUSANA <input type="checkbox"/> Delete 6500 NORTHWEST 12TH AVE, UNIT 114 FT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLAU, ANA <input checked="" type="checkbox"/> Delete 6500 NORTHWEST 12 AVENUE, UNIT 114 FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Takiff, Monica <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6500 NW 12th Ave unit 114 Ft. Lauderdale, FL 33309
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE: <u>MBLAU</u>	DATE: <u>4/15/08</u>	DAYTIME PHONE #: <u>954-4910200</u>
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #