## **2008 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

## DOCLIMENT # D07000102951



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

1. Entity Name HYGENIC LABORATORIES AND COSMETICS, INC.						04-17-2008 90	0016 050 ***150	0.00
Principal Place	of Business	Mailing Address			_		ř^_	
6500 NORTHWEST 12 AVENUE, UNIT 114 FORT LAUDERDALE, FL 33309		6500 NORTHWEST 12 AVENUE, UNIT 114 FORT LAUDERDALE, FL 33309		A NEOTHER IN	9588	**************************************		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01032008	Chg-P	CR2E034 (12/06)	
City & State		City & State			4. FEI Numbe 11-231		<del></del>	olied For- Applicable
Zip	Country	Country Zip C		itry	5. Certificate of Status Desired   \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
BLAU, JOR	OCE.			Name To	riff M	nai ca		
	THWEST 12 AVENUE, UNIT	114		Street Addr	ess (P.O. Box Numbe	er is Not Acceptable)	? Unit	114
	DERDALE, FL 33309			<u> 650.0</u>	<u>) [0.w].</u>	1314 1106	e, write	114
. ••				City For	+ Lauderd	a(e	FL Zip Code	209
	named entity submits this statement f	or the purpose of changing its	register				da. I am familiar with, a	and accept
SIGNATUREX TO BOALUST 4/15/08								
SIGNATURE	Signature, typed or printed name of register ager	I and title if applicable. (NOT	E: Registere	ed Agent signature re	equired when reinstating)		DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contrib					\$5.00 May Be Added to Fees			
10.	OFFICERS AND	D DIRECTORS	11.				ERS AND DIRECTORS	3 IN 11
TITLE	•	P 🔀 Delete			• • • • • • • • • • • • • • • • • • • •	aica	☐ Change	A 4 100 100 100 100 100 100 100 100 100 1
NAME BLAU, JORGE					WA: EE WIO	1	, Contempo	Addition
STREET ADDRESS 6500 NORTHWEST 12TH AVE, UNIT 114  CITY-ST-ZIP FT LAUDERDALE, FL 33309			NAM STRI	AE V	akiff, Mo	12th Ave	Wy 114	Addition
CITY-ST-ZIP	6500 NORTHWEST 12TH AVE	. UNIT 114	STR	EET ADDRESS   📞	500 NW	-	33309	Addition
CITY-ST-ZIP TITLE	6500 NORTHWEST 12TH AVE FT LAUDERDALE, FL 33309 V	UNIT 114	STR	eet address (-St-zip	akiff, Mo ,500 NW :+: Laude	-	unit 114	Addition
TITLE NAME	6500 NORTHWEST 12TH AVE FT LAUDERDALE, FL 33309 V BLAU, SUSANA	☐ Oelete	STRI CITY TITL NAM	EET ADDRESS (C) Y-ST-ZIP E AE	500 NW	-	33309	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	6500 NORTHWEST 12TH AVE, FT LAUDERDALE, FL 33309  V BLAU, SUSANA 6500 NORTHWEST 12TH AVE FT LAUDERDALE, FL 33309  VP BLAU, ANA	UNIT 114	STRI CITY TITL NAM STRI CITY TITL	EET ADDRESS  (-ST-ZIP  LE  AE  BEET ADDRESS  Y-ST-ZIP  LE  ME	500 NW	-	33309 .:Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	6500 NORTHWEST 12TH AVE, FT LAUDERDALE, FL 33309  V BLAU, SUSANA 6500 NORTHWEST 12TH AVE FT LAUDERDALE, FL 33309  VP BLAU, ANA 6500 NORTHWEST 12 AVENU	UNIT 114  SM Delete  E, UNIT 114	STRI CITY TITL NAM STRI CITY TITL NAM STRI	EET ADDRESS  (-ST-ZIP  E  AE  BEET ADDRESS  Y-ST-ZIP  E  ME  BEET ADDRESS	500 NW	-	33309 .:Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	6500 NORTHWEST 12TH AVE, FT LAUDERDALE, FL 33309  V BLAU, SUSANA 6500 NORTHWEST 12TH AVE FT LAUDERDALE, FL 33309  VP BLAU, ANA	Delete  UNIT 114  Delete  L. UNIT 114  E. UNIT 114	STRI CITY TITL NAM STRI CITY TITL NAM STRI	EET ADDRESS  Y-ST-ZIP  E  AE  EET ADDRESS Y-ST-ZIP  E  ME  ME  LET ADDRESS Y-ST-ZIP	500 NW	-	33309 .:Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	6500 NORTHWEST 12TH AVE, FT LAUDERDALE, FL 33309  V BLAU, SUSANA 6500 NORTHWEST 12TH AVE FT LAUDERDALE, FL 33309  VP BLAU, ANA 6500 NORTHWEST 12 AVENU	UNIT 114  SM Delete  E, UNIT 114	STRI CITY TITL NAM STR TITL NAM STR	EET ADDRESS  Y-ST-ZIP  E.  AE  EET ADDRESS  Y-ST-ZIP  E.  ME  EET ADDRESS  Y-ST-ZIP  EET ADDRESS  Y-ST-ZIP	500 NW	-	33309 .Change	☐ Addition
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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: SIGNATURE AND TYPED OR PAULTED NAME OF SIGNING OFFICER OR DIRECTOR

954-491-0200