2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2008 8:00 am
Secretary of State
03-11-2008 90016 008 ***150.00

DOCUMENT # P04000163821

1. Entity Name

PRO SKIN SOLUTIONS INC.

Principal Place of Business	Mailing Address
4651 36TH STREET SUITE 600 ORLANDO FL 32811 US	4651 36TH STREET SUITE 600 ORLANDO FL 32811 US

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3315 MAGGIE BLVD.	3315 MAGGIE BLVD.
Suite, Apt. #, etc.: SUITE 700	Suite, Apt. #, etc.: SUITE 700
City & State: ORLANDO, FL	City & State: ORLANDO, FL
Zip: 32811 Country: USA	Zip: 32811 Country: USA

4. FEI Number 20-1960860 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FREITAS, ANDRE F
9981 INDIGO BAY CIRCLE
ORLANDO FL 32832

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 ______________________
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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE	P	☐ Delete
NAME	FERREIRA, CELIA REGINA	
STREET ADDRESS	9981 INDIGO BAY CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32832	
TITLE	VP	☐ Delete
NAME	FREITAS, ANDRE F	
STREET ADDRESS	9981 INDIGO BAY CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32832	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
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 Section 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], VP - ANDRE FREITAS, VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #