

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000131995

FILED
Feb 20, 2008
Secretary of State

Entity Name: PROANDRE HYGIENE SYSTEMS, INC.

Current Principal Place of Business:

2655 LE JEUNE ROAD SUITE 804
CORAL GABLES, FL 33134

New Principal Place of Business:

2655 LE JEUNE ROAD
SUITE 810
CORAL GABLES, FL 33134

Current Mailing Address:

2655 LE JEUNE ROAD SUITE 804
CORAL GABLES, FL 33134

New Mailing Address:

2655 LE JEUNE ROAD
SUITE 810
CORAL GABLES, FL 33134

FEI Number: 39-2070205

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TORRENTS, JORDI R
2655 LE JEUNE ROAD SUITE 804
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

TORRENTS, JORDI R
2655 LE JEUNE ROAD
SUITE 804
CORAL GABLES, FL 33134 US

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.

SIGNATURE: JORDI R TORRENTS

02/20/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: BARBITEO, ENRIQUE C
Address: CAMI CAN RABASSA 20 SANT ANDREU DE LLAVANE
City-St-Zip: BARCELONA SPAIN,

Title: DS () Delete
Name: MARIN, MANUEL S
Address: AVDA. CAN VOLART 7 08445 CANNOVES I SAMALU
City-St-Zip: BARCELONA SPAIN,

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: CEREZALEZ, ENRIQUE MR
Address: CAMI CAN RABASSA 20 SANT ANDREU DE LLAVANE
City-St-Zip: BARCELONA, BC SPAIN SP

Title: DS (X) Change () Addition
Name: SUAREZ, MANUEL MR
Address: AVDA. CAN VOLART 7 08445 CANNOVES I SAMALU
City-St-Zip: BARCELONA, BC SPAIN SP

Title: T D () Change (X) Addition
Name: PUIG, QUERALT MS
Address: 2655 LE JEUNE ROAD SUITE 810
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANUEL SUAREZ

S

02/20/2008

Electronic Signature of Signing Officer or Director

Date