

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000131995

FILED
Apr 28, 2009
Secretary of State

Entity Name: PROANDRE HYGIENE SYSTEMS, INC.

Current Principal Place of Business:

2655 LE JEUNE ROAD
SUITE 409
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2655 LE JEUNE ROAD
SUITE 409
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 39-2070205 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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 409
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: _____

Electronic Signature of Registered Agent

04/28/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CEREZALEZ ENRIQUE MR

Electronic Signature of Signing Officer or Director

DP

04/28/2009

Date