2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# P06000124956

Entity Name: ZALACAIN INC.

Current Principal Place of Business:

901 PONCE DE LEON BLVD., STE. 501
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

901 PONCE DE LEON BLVD., STE. 501
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-8355323 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

IRIONDO, ANDRES J
901 PONCE DE LEON BLVD., STE. 501
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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 — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CORREA, ALVARO J. PRESIDE
Address: 901 PONCE DE LEON BLVD., STE. 501
City-St-Zip: CORAL GABLES, FL 33134

Title: VP ( ) Delete
Name: CORREA H, ALVARO VICE PR
Address: 901 PONCE DE LEON BLV., STE 501
City-St-Zip: CORAL GABLES, FL 33134

Title: VP ( ) Delete
Name: CORREA, HELENA B VICE PR
Address: 901 PONCE DE LEON BLV., STE 501
City-St-Zip: CORAL GABLES, FL 33134

Title: S ( ) Delete
Name: CORREA, JULIANA SECRETA
Address: 901 PONCE DE LEON BLV., STE 501
City-St-Zip: CORAL GABLES, FL 33134

Title: T ( ) Delete
Name: CORREA, SUSANA TREASUR
Address: 901 PONCE DE LEON BLV., STE 501
City-St-Zip: CORAL GABLES, FL 33134

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:

Title: S (X) Change ( ) Addition
Name: CORREA, JULIANA
Address: 901 PONCE DE LEON BLV., STE 501
City-St-Zip: CORAL GABLES, FL 33134

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: ALVARO J CORREA P 04/29/2008

Electronic Signature of Signing Officer or Director — Date