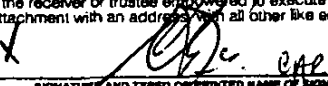


FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90051 012 ***150.00

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 849246			
1. Entity Name ZICORP INVESTMENT CORPORATION			
Principal Place of Business 2601 SO BAYSHORE STE 1400 MIAMI, FL 33133 US		Mailing Address 2601 SO BAYSHORE STE 1400 MIAMI, FL 33133 US	
2. Principal Place of Business - No P.O. Box # 2340 SO. DIXIE HIGHWAY Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.	
City & State MIAMI, FLORIDA		City & State	
Zip 33133	Country U.S.A	Zip	Country
4. FEI Number 98-0095758		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DURAN, ALFREDO G. 2601 SO. BAYSHORE DR. SUITE 1400 MIAMI, FL 33133		7. Name and Address of New Registered Agent Name ALFREDO G. DURAN Street Address (P.O. Box Number is Not Acceptable) 2340 SO. DIXIE HIGHWAY City MIAMI FL Zip Code 33133	
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  DATE _____ Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ZINGG REVERON, CARLOS APARTADO 2085 CARACAS, VENEZUELA. ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD ZINGG, TULIA APARTADO 2085 CARACAS, VENEZUELA. ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD TULIA ZINGG DE TORRES same address ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 04/07/08 Daytime Phone # (305) 859-2696	