2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Mar 16, 2007 08:00 AN Secretary of State DOCUMENT # P04000012412 CORÍNPROINCA USA, INC. Principal Place of Business Mailing Address 3749 PEBBLEBROOK COURT 3749 PEBBLEBROOK COURT COCONUT CREEK, FL 33073 COCONUT CREEK, FL 33073 US 01242007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0631415 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FLORES, ALBERTO DO NOT WRITE 3749 PEBBLEBROOK COURT COCONUT CREEK, FL 33073 IN THIS SPACE 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 (NOTE, Registered Agent signature required when reinstating) agent and title if applicable \$5.00 May Be Added to Fees 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE FLORES, EDUARDO STREET ADDRESS 3749 PEBBLEBROOK COURT CiTY-ST-71P COCONUT CREEK, FL 33073 TITLE NAME U00000667936 STREET ADDRESS 03/27/07-80008-023 [50.00 CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TETE E IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 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 eath; 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.

ED NAME OF SIGNING OFFICER OR DIRECTOR

954-8160000

FILED