1 :-- 6- 20 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 14, 2008 8:00 am Secretary of State **DOCUMENT # P06000148198** 1. Entiry Name 03-24-2008 90039 004 ***150.00 ZINCO TRUST CORP Principal Place of Business Mailing Address 1501 SW 142 PL MIAMI FL 33184 US 1501 SW 142 PL MIAMI FL 33184 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Aut. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) 4. FEI Number City & State City & State Applied For AP-PLIED FOR Not Applicable Zφ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AGUILERA, RAUL 1501 SW 142 PL Street Attoress (P.O. Box Number is Not Acceptable) **MIAMI FL 33184** City Zip Code 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 Sungicipality period conventions are also and the Torpicacie. (NGTE: Fegishees Agora equations required whos constituting) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE Change ☐ Addition 🗀 Delete NAME FERNANDEZ, GUILLERMO NAME STREET ADDRESS 2200 NW 102 AVE #5 STREET ADDRESS CITY-ST-77 DORAL'FL 33172 CITY-ST-ZIP Change Addition TITI F ☐ Delete TITLE AGUILERA, RAUL NAME 2200 NW 102 AVE #5 STREET ADGRESS STREET ADDRESS **DORAL FL 33172** CITY - ST - ZIP CITY-S1-29 ☐ Change Delete ☐ Addition TITLE TITLE HAME NAME MARTINEZ, HECTOR STREET ADDRESS STREET ADORESE 2200 NW-102-AVE #5 DORAL FL 33172 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition INLE ARTEAGA, CARLOS M NAME NAME 2200 NW 102 AVE #5 STREET ADDRESS STREET ADDRESS DORAL FL 33172 CITY-ST-ZIP CHY-ST-ZP Change ☐ Delete TITLE ☐ Addition NVLE N-SHE MAKE STREET ADDRESS STREET ACCIPIESS CITY-ST-2W CITY-\$1-712 Chance ☐ Addition Delate mu MANIF NUME 1 STREET ADMILSS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. It hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is to each acceptate and that my signature shall have the same logal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee employered 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 an other like employered.

FILED

District Laboration

ATTACHMENT

TRS DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE P.O. BOX 9003 HOLTSVILLE NY 11742-9

11742-9003

Date of this notice: 12-06-2006

Employer Identification Number: 20-5956538

Form: SS-4

Number of this notice: CP 575 A

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

002356.344258.0007.001 2 MB 0.563 1010

ZINCO TRUST CORP 2200 NW 102 AVE SUITE 5 DORAL FL 33172

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 20-5956538. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label we provided. If this isn't possible, it is very important that you use your EIN and complete name and address exactly as shown above on all federal tax forms, payments and related correspondence. Any variation may cause a delay in processing, result in incorrect information in your account or even cause you to be assigned more than one EIN. If the information isn't correct as shown above, please correct it using tear off stub from this notice and return it to us so we can correct your account.

Based on the information from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1120

03/15/2007

If you have questions about the form(s) or the due dates(s) shown, you can call or write to us at the phone number or address at the top of the first page of this letter. If you need help in determining what your tax year is, see Publication 536, Accounting Periods and Methods, available at your local IRS office or you can download this Publication from our Web site at www.irs.gov.

We assigned you a tax classification based on information obained from you or your_representative. It—is not a legal determination—of your tax classification, and is not binding on the IRS. If you want a legal determination on your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1,2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue.)



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