2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# P97000059370

Entity Name: COMIN, CORP

Current Principal Place of Business:

4775 N.W. 72 AVENUE
MIAMI, FL 33166 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 66-8795
MIAMI, FL 33166 US

New Mailing Address:

PO. BOX.66-8795
MIAMI, FL 33166

FEI Number: 65-0769135 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ZAMBRANA, MARIA CECILIA
4775 NW 72 AVE.
MIAMI, FL 33166 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:	PD	( ) Delete
Name:	ZAMBRANA, MARIA CECILIA	
Address:	4775 NW 72 AVE.	
City-St-Zip:	MIAMI, FL 33166	
Title:	V	( ) Delete
Name:	CASTEDO, CARLOS EDUARDO VPD	
Address:	2333 BERING DRIVE APTO# 330	
City-St-Zip:	HOUSTON, TX 77057	
Title:	TR	( ) Delete
Name:	CASTEDO, JUAN PABLO TR	
Address:	4775 NW 72 AVE	
City-St-Zip:	MIAMI, FL 33166	
Title:	DT	( ) Delete
Name:	CASTEDO, HERNAN MARIO DT	
Address:	2333 BERING DRIVE APTO# 330	
City-St-Zip:	HOUSTON, TX 77057	
Title:	MANA	( ) Delete
Name:	REID, WILLSWORTH L MANAGER	
Address:	9840 SHERIDAN STREET APT # 307	
City-St-Zip:	PEMBROKE PINES, FL 33024	
Title:	SECR	(X) Delete
Name:	TAYLOR, ANGELLA SECRETA	
Address:	9840 SHERIDAN STREET APT# 307	
City-St-Zip:	PEMBROKE PINES, FL 33024	

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:	( ) 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: MARIA CECILIA ZAMBRANA LANDIVAR PD 04/20/2009

Electronic Signature of Signing Officer or Director — Date