2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# P98000097092

Entity Name: CORALITO CORP.

Current Principal Place of Business:

338 MINORCA AVE.
CORAL GABLES, FL 33134

New Principal Place of Business:

5601 COLLINS AVE
#1615
MIAMI BEACH, FL 33140

Current Mailing Address:

338 MINORCA AVE.
CORAL GABLES, FL 33134

New Mailing Address:

5601 COLLINS AVE
$1615
MIAMI BEACH, FL 33140

FEI Number: 65-0975168 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUSKY & MOTOLA, P.A.
3211 PONCE DE LEON BLVD.
200
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: PD ( ) Delete
Name: VALINO, OSVALDO
Address: AVIENDA SANTA FE 980-1
City-St-Zip: BUENO AIRES, ARGENTINA 1059,

Title: S ( ) Delete
Name: DABUSTI DE VALINO, LETICIA
Address: AVIENDA SANTA FE 980-1
City-St-Zip: BUENOS AIRES, AR 1059

Title: T ( ) Delete
Name: VALINO, VALERIA
Address: AVIENDA SANTA FE 980-1
City-St-Zip: BUENOS AIRES, AR 1059

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:

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: OSVALDO VALINO PD 04/29/2008

Electronic Signature of Signing Officer or Director — Date