

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90387 025 \*\*\*150.00

**DOCUMENT # S03645**

1. Entity Name  
**SINCOL US INC.**



Principal Place of Business

~~3805 NW 132 ST~~  
~~OPA LOCKA, FL 33014 US~~  
**705 E. 10 AVE**  
**HIALLAH, FL 33010**

Mailing Address

~~3805 NW 132 ST~~  
~~OPA LOCKA, FL 33014 US~~  
**705 E. 10 AVE**  
**HIALLAH, FL 33010**



03142005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0224792**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BALDVEDI, FRANCISCO**  
~~3805 NW 132 ST~~  
~~OPA LOCKA, FL 33014~~  
**705 E. 10 AVE**  
**HIALLAH, FL 33010**

**DO NOT WRITE  
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.

SIGNATURE **FRANCISCO BALVEDI** **4-12-05**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**ADD DIRECTOR**  
**FRANCISCO BALVEDI**

10. OFFICERS AND DIRECTORS

TITLE	D	<b>BALVEDI FRANCISCO</b> <b>705 E. 10 AVE</b> <b>HIALLAH, FL 33010</b>
NAME	PELEGRINO, ALTAIR	
STREET ADDRESS	RUA ALEMANHA 197	
CITY - ST - ZIP	CACADOR, BRAZIL,	
TITLE	D	
NAME	PERERA, DORVALINO	
STREET ADDRESS	RUA ALEMANHA 197	
CITY - ST - ZIP	CACADOR, BRAZIL,	
TITLE	D	
NAME	BALVEDI, WILSON ANTONIO	
STREET ADDRESS	RUA ALEMANHA 197	
CITY - ST - ZIP	CACADOR, BRAZIL,	
TITLE	D	
NAME	BALVEDI, CARLOS ALBERTO	
STREET ADDRESS	RUA ALEMANHA 197	
CITY - ST - ZIP	CACADOR, BRAZIL,	
TITLE	D	
NAME	BALVEDI, JOAO OLIZE	
STREET ADDRESS	RUA ALEMANHA 197	
CITY - ST - ZIP	CACADOR, BRAZIL,	
TITLE	D	
NAME	COMELLI, MOYSES	
STREET ADDRESS	RUE ALEMANHA 197	
CITY - ST - ZIP	CACADOR, BRAZIL,	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

**4-12-05**

Date

**305 704-0000**

Daytime Phone #