

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90385 035 ***150.00

DOCUMENT # S03645

1. Entity Name
SINCOL US INC.



Principal Place of Business
**705 E 10TH AVE
HIALEAH, FL 33010 US**

Mailing Address
**705 E 10TH AVE
HIALEAH, FL 33010 US**

60023290



03132006 No Chg-P CR2E034 (11/05)

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
705 E 10 AVE
HIALEAH, 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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
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,

**Francisco Balvedi
705 E. 10 AVE.
HIALEAH, FL 33010**

**DO NOT WRITE
IN THIS SPACE**

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 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

3/23/06 305 104-0000

Date

Daytime Phone #