FILED
May 01, 2008 08:00 AM
Secretary of State

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S03645

1. Entity Name
SINCOL US INC.

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

DO NOT WRITE IN THIS SPACE

04212008 No Chg-P CR2E034 (11/05)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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	BALVEDI, FRANCISCO
STREET ADDRESS	705 E 10 AVE
CITY-ST-ZIP	HIALEAH, FL 33010

U00000939186
05/28/08-80012-021 150.00

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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: _____ 4-28-07 305-704-0000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #