

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S03645

Entity Name: SINCOL US INC.

FILED
Apr 20, 2009
Secretary of State

Current Principal Place of Business:

705 E 10TH AVE
HIALEAH, FL 33010 US

New Principal Place of Business:

Current Mailing Address:

705 E 10TH AVE
HIALEAH, FL 33010 US

New Mailing Address:

FEI Number: 65-0224792

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALDVEDI, FRANCISCO
705 E 10 AVE
HIALEAH, FL 33010 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: D () Delete
Name: PELEGRINO, ALTAIR
Address: RUA ALEMANHA 197
City-St-Zip: CACADOR, BRAZIL,

Title: D () Delete
Name: PERERA, DORVALINO
Address: RUA ALEMANHA 197
City-St-Zip: CACADOR, BRAZIL,

Title: D () Delete
Name: BALVEDI, WILSON ANTONIO
Address: RUA ALEMANHA 197
City-St-Zip: CACADOR, BRAZIL,

Title: D () Delete
Name: BALVEDI, CARLOS ALBERTO
Address: RUA ALEMANHA 197
City-St-Zip: CACADOR, BRAZIL,

Title: D () Delete
Name: BALVEDI, JOAO OLIZE
Address: RUA ALEMANHA 197
City-St-Zip: CACADOR, BRAZIL,

Title: D () Delete
Name: BALVEDI, FRANCISCO
Address: 705 E 10 AVE
City-St-Zip: HIALEAH, FL 33010

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: FRANCISCO BALVEDI

PRES

04/20/2009

Electronic Signature of Signing Officer or Director

Date