

2005 FOR PROFIT CORPORATION ANNUAL REPORT


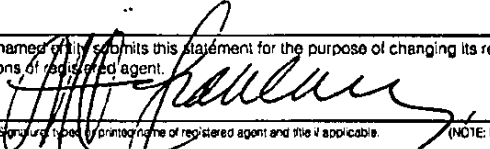
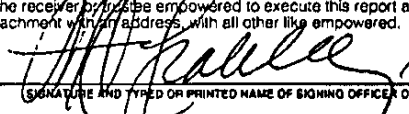
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000002337			
1. Entity Name BANCO DE CREDITO E INVERSIONES, S.A.			
Principal Place of Business 701 BRICKELL AVE., SUITE 1450 MIAMI, FL 33131		Mailing Address 701 BRICKELL AVE., SUITE 1450 MIAMI, FL 33131	
2. Principal Place of Business 701 Brickell Avenue		3. Mailing Address 701 Brickell Avenue	
Suite, Apt. #, etc. Suite 2250		Suite, Apt. #, etc. Suite 2250	
City & State Miami, Florida 33131		City & State Miami, Florida 33131	
Zip 33131	Country Dade	Zip 33131	Country Dade
4. FEI Number 52-2166160		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CAPABLANCA, FERNANDO A 701 BRICKELL AVE., STE 1450 MIAMI, FL 33131		Name Capablanca, Fernando A	
		Street Address (P.O. Box Number is Not Acceptable) 701 Brickell Avenue, Suite 2250	
		City, State, and Zip Code Miami, Florida 33131	
		City FL Zip Code	
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 6/10/05	
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	NAME YARUR, LUIS E.	TITLE PD	NAME YARUR, LUIS E.
STREET ADDRESS 701 BRICKELL AVE., SUITE 1450	CITY- ST- ZIP MIAMI, FL 33131	STREET ADDRESS 701 BRICKELL AVE, SUITE 2250, MIAMI, FL	CITY- ST- ZIP MIAMI, FL
TITLE VD	NAME COLLADOS, MODESTO	TITLE VD	NAME COLLADOS, MODESTO
STREET ADDRESS 701 BRICKELL AVE., SUITE 1450	CITY- ST- ZIP MIAMI, FL 33131	STREET ADDRESS 701 BRICKELL AVE, SUITE 2250	CITY- ST- ZIP MIAMI, FL. 33131
TITLE GM	NAME OLAVARRIA, LIONEL	TITLE GM	NAME OLAVARRIA, LIONEL
STREET ADDRESS 701 BRICKELL AVE., SUITE 1450	CITY- ST- ZIP MIAMI, FL 33131	STREET ADDRESS 701 BRICKELL AVE, SUITE 2250	CITY- ST- ZIP MIAMI, FL 33131
TITLE AGM	NAME OLAVARRIA, LIONEL	TITLE AGM	NAME OLAVARRIA, LIONEL
STREET ADDRESS 701 BRICKELL AVE., SUITE 1450	CITY- ST- ZIP MIAMI, FL 33131	STREET ADDRESS 701 BRICKELL AVE, SUITE 2250	CITY- ST- ZIP MIAMI, FL. 33131
TITLE GM	NAME CAPABLANCA, FERNANDO	TITLE GM	NAME CAPABLANCA, FERNANDO
STREET ADDRESS 701 BRICKELL AVE., SUITE 1450	CITY- ST- ZIP MIAMI, FL 33131	STREET ADDRESS 701 BRICKELL AVE, SUITE 2250, MIAMI, FL	CITY- ST- ZIP MIAMI, FL. 33131
TITLE D	NAME HERMIDA, ALBERTO L	TITLE D	NAME HERMIDA, ALBERTOL
STREET ADDRESS 701 BRICKELL AVE., SUITE 1450	CITY- ST- ZIP MIAMI, FL 33131	STREET ADDRESS 701 BRICKELL AVE, SUITE 2250	CITY- ST- ZIP MIAMI, FL. 33131
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 I am 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: 		Date 306-347-3330	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	