

2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90824 043 ***158.75

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04242007 Chg-P CR2E034 (12/06)

DOCUMENT # F99000002337					
1. Entity Name BANCO DE CREDITO E INVERSIONES, S.A.					
Principal Place of Business 701 BRICKELL AVE., SUITE 2250 MIAMI, FL 33131		Mailing Address 701 BRICKELL AVE., SUITE 2250 MIAMI, FL 33131			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 52-2166160	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent CAPABLANCA, FERNANDO A 701 BRICKELL AVE., SUITE 2250 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name: MARIA Grisel Vega Street Address (P.O. Box Number is Not Acceptable): 701 Brickell Ave, Suite 2250 City: Miami FL Zip Code: 33131		
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: <i>Maurabey</i> DATE: 4/26/07					
<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	YARUR, LUIS E		NAME		
STREET ADDRESS	701 BRICKELL AVE., SUITE 2250		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COLLADOS, MODESTO		NAME		
STREET ADDRESS	701 BRICKELL AVE., SUITE 2250		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
TITLE	GM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OLAVARRIA, LIONEL		NAME		
STREET ADDRESS	701 BRICKELL AVE., SUITE 2250		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
TITLE	AGM	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	OLAVARRIA, LIONEL		NAME	Jorge CAUAS LAMAS	
STREET ADDRESS	701 BRICKELL AVE., SUITE 2250		STREET ADDRESS	701 Brickell Avenue, Suite 2250	
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP	Miami, FL 33131	
TITLE	GM	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CAPABLANCA, FERNANDO		NAME	MARIA Grisel Vega	
STREET ADDRESS	701 BRICKELL AVE., SUITE 2250		STREET ADDRESS	701 Brickell Avenue, Suite 2250	
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP	Miami, FL 33131	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HERMIDA, ALBERTO LOPEZ		NAME		
STREET ADDRESS	701 BRICKELL AVE., SUITE 2250		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
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: <i>Maurabey</i>		DATE: 4/26/07		DAYTIME PHONE #: 305-347-3330	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	