


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB 13 PM 2:16

DOCUMENT # **P02000030474**
 1. Entity Name **BANCOMAK CONSULTING, Inc.**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **12220 S.W. 148 ST**
 Suite, Apt. #, etc.

3. Mailing Address **SAME**
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **Miami Florida**
 Zip **33186** Country **U.S.A**

City & State
 Zip Country

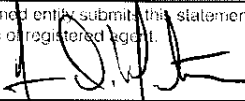
4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
 Name **LEONCIO O. MARTINEZ**
 Street Address (P.O. Box Number is Not Applicable) **12220 S.W. 148 ST**
 City **Miami** FL Zip Code **33186**

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 **02/12/04**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

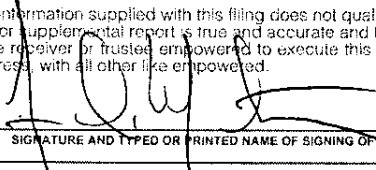
January 1-May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
P	PRESIDENT LEONCIO O. MARTINEZ 12220 S.W. 148 ST Miami FL 33186		500029277755 02/24/04--01016--014 **300.00
TITLE	NAME	TITLE	NAME
TITLE	NAME	TITLE	NAME
TITLE	NAME	TITLE	NAME
TITLE	NAME	TITLE	NAME
TITLE	NAME	TITLE	NAME
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TITLE	NAME	TITLE	NAME

**DO NOT WRITE
IN THIS SPACE**

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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

02-03

112

CR2E034B (12/02)

02/12/04 2/2

To Sec. of state

I Leoncio O. Martinez President of
Banco de Colombia Consulting, Inc. by this letter
state that my Annual Report form was
NEVER RECEIVED. Doc # P02000030474

Please waive the penalty fee.

Thanks in advance for your help regarding
this matter here in.

Sincerely
