

112


02-03

# 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** City & State  
 4. FEI Number  Applied For  
 Not Applicable

Zip **33186** Country **U.S.A** Zip Country  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

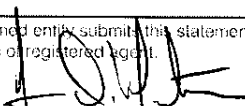
7. Name and Address of Current Registered Agent

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**

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 <b>P</b>	<b>PRESIDENT</b>	TITLE	
NAME	<b>LEONCIO O. MARTINEZ</b>	NAME	
STREET ADDRESS	<b>12220 S.W. 148 ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>Miami FL 33186</b>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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**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

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  
