
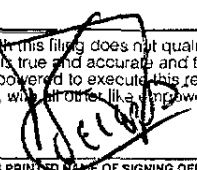


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # S39688					
1. Entity Name PROBAN INTERNATIONAL CORPORATION					
Principal Place of Business APARTADO AEREO 52463 MEDELLIN, COLUMBIA, OC			Mailing Address FROST BROWN TODD, C/O BARRY HUNTER 250 WEST MAIN ST., SUITE 2700 LEXINGTON, KY 40507		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc		Suite, Apt #, etc			
City & State		City & State		4. FEI Number 65-0250772	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BERKOWITZ DICK POLLACK & BRANT 200 SOUTH BISCAYNE BLVD, 6 FLR MIAMI, FL 33131			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
State			State		
Zip Code			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 _____ (NOTE: Registered Agent signature required when registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	U00000213124	
NAME	RESTREPO, ANDRES	NAME		02/03/05-80057-010 150.00	
STREET ADDRESS	APARTADO AEREO 52463	STREET ADDRESS			
CITY-ST-ZIP	MEDELLIN, COLUMBIA,	CITY-ST-ZIP			
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VELEZ, JUAN ANTONIO	NAME			
STREET ADDRESS	APARTADO AEREO 52463	STREET ADDRESS			
CITY-ST-ZIP	MEDELLIN, COLUMBIA,	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALVAREZ, MAURICIO	NAME			
STREET ADDRESS	APARTADO AEREO 52463	STREET ADDRESS			
CITY-ST-ZIP	MEDELLIN, COLUMBIA,	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	URIBE, SANTIAGO	NAME			
STREET ADDRESS	APARTADO AEREO 52463	STREET ADDRESS			
CITY-ST-ZIP	MEDELLIN, COLUMBIA,	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 an officer like empowered					
SIGNATURE: 			Date: JAN-19-2005		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		