


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90033 003 ***150.00

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 CL.16 B S # 42-97		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MEDELLIN		City & State	
Zip	Country COLOMBIA	Zip	Country
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	
		Street Address (P.O. Box Number is Not Acceptable)	
		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 _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when registering)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	PD RESTREPO, ANDRES APARTADO AEREO 52463 MEDELLIN, COLUMBIA, <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VELEZ, JUAN ANTONIO CL.16 B S #42-97 MEDELLIN, COLOMBIA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VELEZ, JUAN ANTONIO APARTADO AEREO 52463 MEDELLIN, COLUMBIA, <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MAURICIO ALVAREZ CL.16 B S # 42-97 MEDELLIN, COLOMBIA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALVAREZ, MAURICIO APARTADO AEREO 52463 MEDELLIN, COLUMBIA, <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MORENO, FRANCISCO CL.16 B S # 42-97 MEDELLIN, COLOMBIA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D URIBE, SANTIAGO APARTADO AEREO 52463 MEDELLIN, COLUMBIA, <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, LUIS BERNARDO CL.16 B S # 42-97 MEDELLIN, COLOMBIA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORTIZ, MAURICIO CL.16 B S # 42-97 MEDELLIN, COLOMBIA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____		1-13-06	
Signature and typed or printed name of signing officer or director		Date	Daytime Phone #