


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 15, 2008 8:00 am**  
**Secretary of State**

05-15-2008 90027 035 \*\*\*158.75

<b>DOCUMENT # S39688</b>					
1. Entity Name <b>PROBAN INTERNATIONAL CORPORATION</b>					
Principal Place of Business <b>CL. 16 B S # 42-97 MEDELLIN, COLUMBIA, OC</b>			Mailing Address <b>FROST BROWN TODD, C/O BARRY HUNTER 250 WEST MAIN ST., SUITE 2700 LEXINGTON, KY 40507</b>		
2. Principal Place of Business - No P.O. Box # <b>Calle 52 No.47-42</b>		3. Mailing Address			
Suite, Apt. #, etc. <b>Piso 16</b>		Suite, Apt. #, etc.			
City & State <b>Medellin</b>		City & State		4. FEI Number <b>65-0250772</b>	
Zip <b>Colombia</b>		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BERKOWITZ DICK POLLACK &amp; BRANT 200 SOUTH BISCAYNE BLVD, 6 FLR MIAMI, FL 33131</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORENO, FRANCISCO		NAME	GAVIRIA, GUILLERMO	
STREET ADDRESS	CL. 16 B S # 42-97		STREET ADDRESS	Calle 52 No.47-42, P.16	
CITY - ST - ZIP	MEDELLIN, COLUMBIA,		CITY - ST - ZIP	MEDELLIN, COLOMBIA	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELEZ, JUAN ANTONIO		NAME	ARANGO, LUIS FERNANDO	
STREET ADDRESS	CL. 16 B S # 42-97		STREET ADDRESS	Calle 52 No.47-42, P.16	
CITY - ST - ZIP	MEDELLIN, COLUMBIA,		CITY - ST - ZIP	MEDELLIN, COLOMBIA	
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, MAURICIO		NAME	MEJIA, IVAN	
STREET ADDRESS	CL. 16 B S # 42-97		STREET ADDRESS	Calle 52 No.47-42, P.16	
CITY - ST - ZIP	MEDELLIN, COLUMBIA,		CITY - ST - ZIP	MEDELLIN, COLOMBIA	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, LUIS B		NAME	RESTREPO, FABIO	
STREET ADDRESS	CL. 16 B S # 42-97		STREET ADDRESS	Calle 52 No.47-42, P.16	
CITY - ST - ZIP	MEDELLIN, COLOMBIA,		CITY - ST - ZIP	MEDELLIN, COLOMBIA	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARANGO, LUIS F		NAME	SILVA, JOSE	
STREET ADDRESS	CALLE 16 B S #42-97		STREET ADDRESS	Calle 52 No.47-42, P.16	
CITY - ST - ZIP	MEDELLIN, COLOMBIA,		CITY - ST - ZIP	MEDELLIN, COLOMBIA	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUILLERMO, HENRIQUEZ		NAME	HENRIQUEZ, GUILLERMO	
STREET ADDRESS	CALLE 16 B S #42-97		STREET ADDRESS	Calle 52 No.47-42, P.16	
CITY - ST - ZIP	MEDELLIN, COLOMBIA,		CITY - ST - ZIP	MEDELLIN, COLOMBIA	
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: <b>LUIS FERNANDO ARANGO</b>			Date _____ Daytime Phone # _____		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					