
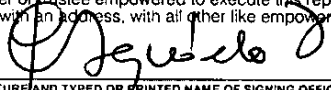


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90267 014 \*\*\*158.75

<b>DOCUMENT # G39117</b> 1. Entity Name <b>INTEROCEANICA AGENCY, INC.</b>					
Principal Place of Business <b>550 BILTMORE WAY SUITE 730 CORAL GABLES, FL 33134</b>			Mailing Address <b>550 BILTMORE WAY SUITE 730 CORAL GABLES, FL 33134</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		City & State		4. FEI Number <b>59-2298580</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ALARCON, JUAN DAVID</b> <b>550 BILTMORE WAY STE 730</b> <b>CORAL GABLES, FL 33134</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P / C.E.O.</b> <b>CARLOS I. AGUDELO</b> <b>550 BILTMORE WAY, SUITE-730</b> <b>CORAL GABLES, FL 33134</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AST</b> <b>ESCOBAR, ELKIN</b> <b>10520 SW 146 CRT</b> <b>MIAMI, FL</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>IVAN DARIO PALACIO</b> <b>CALLE 52 #47-42 - PISO 16</b> <b>MEDELLIN, COLOMBIA, SOUTH AMERICA</b> <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	<b>TREASURER</b> <b>MARIA EUGENIA CALLEJAS</b> <b>CALLE 52 #47-42 - PISO 16</b> <b>MEDELLIN, COLOMBIA, SOUTH AMERICA</b> <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	<b>D</b> <b>GUILLERMO GAVIRIA</b> <b>CALLE 52 #47-42 - PISO 16</b> <b>MEDELLIN, COLOMBIA - SOUTH AMERICA</b> <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	<b>D</b> <b>GUILLERMO HENRIQUEZ</b> <b>CALLE 52 #47-42 - PISO 16</b> <b>MEDELLIN, COLOMBIA - SOUTH AMERICA</b> <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	<b>D</b> <b>IVAN MEJIA</b> <b>CALLE 52 # 47-42 - PISO 16</b> <b>MEDELLIN, COLOMBIA - SOUTH AMERICA</b> <input type="checkbox"/> Change <input checked="" 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.					
<b>SIGNATURE:</b>  <b>CARLOS AGUDELO CEO, 1/12/06 (305)5291285</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT



40002987

## **INTEROCEANICA AGENCY, INC.**

Agents for Isabella Shipping Company Limited (Bermuda)

### **2006 FOR PROFIT CORPORATION – ANNUAL REPORT**

DOCUMENT # G39117

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**INTEROCEANICA AGENCY, INC.  
550 BILTMORE WAY, SUITE-730  
CORAL GABLES, FL 33134**

**FEI NUMBER  
59-2298580**

### **ADDING DIRECTORS**

<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>ROSALBA ZAPATA</b>
<b>STREET ADDRESS</b>	<b>CALLE 52 #47-42 – PISO 16</b>
<b>CITY-ST-ZIP</b>	<b>MEDELLIN, COLOMBIA – SOUTH AMERICA</b>
<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>SERGIO RESTREPO</b>
<b>STREET ADDRESS</b>	<b>CALLE 52 #47-42 – PISO 16</b>
<b>CITY-ST-ZIP</b>	<b>MEDELLIN, COLOMBIA – SOUTH AMERICA</b>