

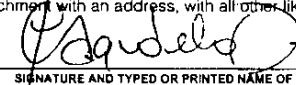


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90039 018 \*\*\*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 - No P.O. Box # <b>550 BILTMORE WAY</b>		3. Mailing Address <b>550 BILTMORE WAY</b>		  01162008    Chg-P    CR2E034 (12/06)	
Suite, Apt. #, etc. <b>SUITE-780</b>		Suite, Apt. #, etc. <b>SUITE-780</b>			
City & State <b>CORAL GABLES, FLORIDA</b>		City & State <b>CORAL GABLES, FLORIDA</b>			
Zip <b>-33134</b>		Zip <b>33134</b>			
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>59-2298580</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> 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 <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 _____ <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 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO AGUDELO, CARLOS I 550 BILTMORE WAY STE 730 MIAMI, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PALACIO, IVAN D CALLE 52 #47-42 PISO 16 MEDELLIN, COLOMBIA SA,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CALLEJAS, MARIA E CALLE 52 #47-42 PISO 16 MEDELLIN, COLOMBIA SA,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAVIRIA, GUILLERMO CALLE 52 #47-42 PISO 16 MEDELLIN, COLOMBIA SA,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENRIQUEZ, GUILLERMO CALLE 52 #47-42 PISO 16 MEDELLIN, COLOMBIA SA,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEJIA, IVAN CALLE 52 #47-42 PISO 16 MEDELLIN, COLOMBIA SA,	<input type="checkbox"/> Delete			
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>CARLOS I AGUDELO</b> 1/16/08    305-529-1285		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date    Daytime Phone #		