2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State
01-12-2006 90164 039 ***176.25

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1. Entity Name
TURBANA CORPORATION

400007662

01052006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
550 BILTMORE WAY #730 P.O. BOX 140009 CORAL GABLES, FL 33114-0009	550 BILTMORE WAY #730 P.O. BOX 140009 CORAL GABLES, FL 33114-0009

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 59-1304116 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324	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 _____
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	CEO ALARCON, JUAN DAVID 550 BILTMORE WAY, #730 CORAL GABLES, FL 33134	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	GUILLERMO GAVIRIA CALLE 52 #47-42 - PISO 16 MEDELLIN, COLOMBIA SOUTH AMERICA	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFOT ESCOBAR, ELKIN 550 BILTMORE WAY #730 CORAL GABLES, FL 33134	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	GUILLERMO HENRIQUEZ CALLE 52 #47-42 - PISO 16 MEDELLIN, COLOMBIA SOUTH AMERICA	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GARRITT, HERBERT 479 JUMPERS HOLD ROAD, STE 103 SEVERNA PARK, MD 21146	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	IVAN MEJIA CALLE 52 #47-42 - PISO 16 MEDELLIN, COLOMBIA SOUTH AMERICA	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PALACIO, IVAN DARIO CALLE 52 #47-42 15 PISO MEDELLIN, COLUMBIA SUR AMER.,	☒ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	CONRAD BOS 29 N. ANNE STREET DUBLIN 7 IRELAND	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ARANGO, LUIS FERNANDO CALLE 52 #47-42 15 PISO MEDELLIN, COLOMBIA SUR AMER.,	☒ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	THOMAS MURPHY 29 N. ANNE STREET DUBLIN 7 IRELAND	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZAPATA, ROSALBA UNION DE BANANEROS DE URABA MEDELLIN, COLOMBIA,	☒ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	ENDA WALSH 29 N. ANNE STREET DUBLIN 7 IRELAND	☐ Change ☒ 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: Elkin Escobar ELKIN ESCOBAR 1-9-06 305-445-1542
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #