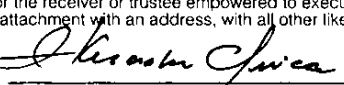


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90071 013 ***158.75

DOCUMENT # 368211 1. Entity Name TURBANA CORPORATION					
Principal Place of Business 550 BILTMORE WAY #730 P.O. BOX 140009 CORAL GABLES, FL 33114-0009			Mailing Address 550 BILTMORE WAY #730 P.O. BOX 140009 CORAL GABLES, FL 33114-0009		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 59-1304116	
Country		Country		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	CONRAD BOS 29 N. ANNE STREET DUBLIN 7 IRELAND	☐ 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	THOMAS MURPHY 29 N. ANNE STREET DUBLIN 7 IRELAND	☐ 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	ENDA WALSH 29 N. ANNE STREET DUBLIN 7 IRELAND	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUILLERMO, GAVIRIA CALLE 52 #47-42 PISO 16 MEDELLIN COLOMBIA S AMERICA,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUILLERMO, HENRIQUEZ CALLE 52 #47-42 PISO 16 MEDELLIN COLOMBIA S AMERICA,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	J MEJIA, IVAN CALLE 52 #47-42 PISO 16 MEDELLIN COLOMBIA S AMERICA,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 C.F.O.		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 01/17/07		
			Daytime Phone # 305-445-1542		